

QUEENSBURY AND SHELF  
URBAN DISTRICT COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(DR. R. F. O'SULLIVAN, M.B., B.Ch., B.A.O., D.P.H.)

and

THE PUBLIC HEALTH INSPECTOR

(W. E. SHELLEY, M.S.I.A.)

FOR THE

YEAR ENDED 31st. DECEMBER, 1957.



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QUEENSBURY AND SHELF  
URBAN DISTRICT COUNCIL

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HEALTH COMMITTEE  
(as at 31st December, 1957).

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Chairman of the Council  
Councillor E. Sutcliffe, J.P.

Chairman:  
Councillor H. E. Nichols.

Vice Chairman:  
Councillor W. S. Smith.

Councillor Ashworth. A.	Councillor M. E. Modmath.
Councillor Ellis E.	Councillor Moore J.H.
Councillor Horner W.	Councillor Pohlmann, F.W.
Councillor Holt, E.	Councillor Chatburn. J.H.
Councillor Goodwin R.	Councillor Smith. C.H.M.
Councillor Harling R.	Councillor Lund. J.

HEALTH SUB COMMITTEE  
Councillor H. E. Nichols (Chairman).  
Councillor W. S. Smith.  
(Vice Chairman).

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The Health Committee deals with ordinary public health matters, refuse removal and disposal, public conveniences and mortuary facilities.

Other Committees dealing with matters of public health are:-

Housing and Town Planning Committee

Re-housing those in need.

Waterworks Committee

Water supplies throughout the area.

Sewerage and Sewage Disposal Committee

The sewerage of the district and sewage disposal.

Cemetery, Recreation Grounds and Allotments Committee.

The provision of cemetery facilities.

Victoria Hall Committee

The provision and maintenance of public swimming and slipper baths.

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PUBLIC HEALTH STAFF

Medical Officer of Health:	R. F. O'Sullivan. M. B., B.Ch., B.A.O., D.P.H.
Public Health Inspector:	W. E. Shelley. M.S.I.A., C.R.S.I.
Clerk and General Assistant:	H. Phillips.

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The Urban District of Queensbury and Shelf forms part of Division 18 of the West Riding County Council for Local Health Authority purposes.

Divisional Medical Officer:	F. Appleton. M.B., Ch.B., D.P.H.
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To: The Chairman and Members of the Queensbury and Shelf  
Urban District Council.

Mr. Chairman, Lady and Gentlemen,

I have much pleasure in presenting my Annual Report for the year 1957. In this report I have to lay before you the state of the Public Health in our Urban District of Queensbury & Shelf with its almost 9000 souls. In fact at the beginning of the year its population was 8,910 and by the year end 8,890. We as a Health Authority are invested with the responsibility of providing environmental Health Services for these people, At times it can be a very heavy burden indeed. We are acting the role of community physician and as such we must keep a close eye on our patient - the community. Variations of pulse and temperature are accurately charted by the rise and fall in notification rate of infectious diseases, and each and every death recorded, no matter what the cause, is a minor defeat for the community. I will admit that nothing is so inevitable as death but the aim of all Health Services is that death should be due to a gradual wearing out of the tissues and this wearing out process should never be premature and should never overtake one part of the body at a time but should be a complete and gradual process affecting the whole individual at a ripe old age.

There are many hazards to which we are exposed by reason of the life we live up here in the hills. For example we are indoor workers mostly and the surrounding Mills provide us with work either in Queensbury, Halifax or Bradford. The processes in these Mills are not dangerous to health directly and for that we must be grateful. Also for many years full employment has helped to keep the community well fed, clothed and housed in comfortable if not commodious houses.

We live a life of crowded activities in our work places and shops and therefore, we are prone to what are known as the "Crowd Diseases". These are mainly diseases which enter the respiratory tract or the alimentary tract. In other words the air we breathe and the food we eat form the vehicles by which we are frequently infected - for indeed infectious processes are still the commonest diseases.

Our geographic location - places us at a real disadvantage. We are exposed to the West winds which are driving, cold and wet. Then on account of our altitude we are shrouded with mist even in mid Summer frequently. The mist shrouded climate has a most depressing effect especially on those of us who have to spend so much time indoors, especially the women folk. The cold Winter conditions are a severe strain on the physical state of the people. The heart and lungs are most easily affected by the bitter cold. Chronic Bronchitis becomes a great danger to health under such conditions and heart disease especially. The type of heart disease of middle and later life is a frequent occurrence in the cold of Winter conditions. Winter becomes a real battle for survival especially for the "not so fit". I think that it really does take on the characteristics of some of the primitive struggles for survival that one may see in the more northern latitudes.

During the year two major factors influenced the people in Queensbury and Shelf, viz, the late Summer and early Autumn Influenza Epidemic and the Slum Clearance proposals for the "Navy Houses". Although most of us know what a Slum is there is no legal definition of a Slum. Let us say that for practical purposes it is a collection of unfit houses in any area.



This state of unfitness for human habitation may be such that there is no practical means of making them fit for human habitation. In these circumstances the only method of dealing with the slum is to clear the slum away. This is what is known as a Slum Clearance programme. This programme has been put to you and you have approved it. There is a programme in hand to rehouse all those involved in this Clearance programme. Further, a Public Enquiry shall be held on July 30th 1958. in Queensbury when the Ministry of Housing & Local Government Inspector will determine (or not) the area to be cleared. Compensation may be awarded to owners on grounds of hardship such as well maintained property etc., and these are decided by the Ministry. All objections to the order will be heard and decided upon. There is nothing bureaucratic in any way about this process. It is in fact the essence of a democratic Local Government action taken in all honesty to improve the lot of those living in Slum areas.

This indeed is a great step. It is the first major housing step we have taken in this manner. Previously we have dealt with individually unfit houses. We brought pressure to bear on neglectful owners to see that they were made fit. When this was impracticable Closure or individual Demolition Orders were made in the interest of Public Health and personal comfort of the inhabitants.

The Influenza Epidemic I shall deal with in some greater detail in the body of the report. But let me say here and now that the Epidemic could have given rise to national disaster and we were not really prepared. Luckily most patients did not need hospital admission and were not in fact seriously ill at all but the outbreak did point to the unpreparedness of the Health Services to meet such a crisis. In many areas conditions were really difficult with regard to medical man power, nursing etc., yet close by medical personnel were engaged in routine work of day to day nature that could have been allowed to await on happier times.

#### Health Education.

During the year no formal Health Education programme was carried out.

#### Housing Progress.

New Council houses completed during 1957	18
Total Council Houses built since 1946	267
Private houses built since 1946	123

A good house still constitutes the first step in the promotion of the health of a family. Priority groups for rehousing consist of families which are overcrowded, and those whose need is on the grounds of ill health.

Wonderful progress has been made in Queensbury & Shelf as our figures show but it must inevitably be that rehousing in the future will be more and more restricted to those families displaced by Slum Clearance.

#### Care of the aged.

No action was taken under Sec 47 - National Assistance Act 1948 and its Amendment Act 1951. By this I mean that no case arose in which statutory action was taken to remove an old person to hospital for care and attention. All those who did go went voluntarily.



Fifty years ago, one person in every twenty-one was aged 65 or over. Nowadays one person in 9 is 65 or over. By 1975 it will probably be one in 7. There are in fact well over 5,000,000 people in England and Wales who are 65 or over. In other words, with a population of 9,000 we have 1,000 elderly folk in Queensbury and Shelf.

Out of the 267 Council Houses completed since 1946, 36 are old folks bungalows, i.e. one in every  $7\frac{1}{2}$  houses. Considering that one person in every 9 is an old person, that is an excellent ratio, especially since many bungalows hold two elderly folk.

In recent years a special branch of medicine has grown up with a special interest in the older folk, viz: GERIATRIC medicine. This special branch of medicine takes special cognisance of the problems of the aged. These problems are really social and personal problems which may be either causative or be a result of the very process of growing old. For indeed, to grow old is to wear out and whilst wearing out the human frame presents a sad picture. Like the elderly forest oak its natural enemies assail it and disease which in earlier times was quickly put to route now begins to overwhelm it. Invading organisms are no longer killed by the natural response of the elderly. Minor accidents leave major effects, and injury due to faulty balance may precipitate the end as surely as a woodmans axe in tree felling. What then can be done for these folk - those folk who constitute one in 9 of our population and who get far too little attention from those responsible for their welfare. First of all the care of the elderly is the responsibility of their nearest relations - their families, and their neighbours. It is only when this is impossible that the Local Authority is empowered to provide that care. Home helps are a great and valued asset in the care of the elderly in their own homes. These give domestic help which often prevents the old folk from needing institutional care. A noticeable feature of elderly folk is that there are more women than men. The expectation of life of males is less than that for females and therefore, there are more elderly ladies in the community than gentlemen. The males have left their female counterparts here to enjoy the relative merits of present day old age. The cause of this state of affairs is that so many men die in their late middle life from diseases of the heart and circulation. Also chronic bronchitis and nowadays carcinoma of the lung shortens life for the elderly males. The elderly suffer a great amount of semi ill-health from what are known as the degenerative diseases or processes. These conditions, strictly speaking, are not diseases but wearing out processes affecting one or more parts of the body. These degenerative conditions are seen to affect the arteries of the body with consequent heart, kidney and brain deffunction. Other degenerative processes involve the joints which are a prey to arthritic changes with resultant stiffness, pain and weakness. Increasing weakness and stiffness lead to decreasing activity, and excessive weight results. This state increases the degenerative processes and Diabetes, High Blood Pressure, and other organic changes arise. The great pity is that these degenerative processes which I have mentioned frequently affect the younger elements of our population with devastating results as they are more sudden in onset and far more fatal in their effect. I refer especially to diseases of the Heart and Circulation. If the function of Public Health is to continue to pursue the causes of disease and the promotion of health, surely those of us involved must of necessity turn to these distressing conditions which cause diseases of the old age to arise in early or middle life. In other words I suggest that the care of the elderly must be studied in groups to try to identify the causes of their invalidism and to see if those causes may be capable of being prevented. Some fifty or so years ago Public Health turned its thoughts to the appalling



figures of Infant and Maternal mortality with some astonishing success. As a result a maternal death is very rare indeed and infant deaths have fallen to a very low level. This was done by giving preventive care to the expectant mother and a continuous programme of child welfare as well. I am convinced that if widespread study was made of the problems involved in growing old much could be done to help premature ageing especially in the late middle life for males and also for the elderly females. A stupendous task faced the Paediatricians and Maternity and Child Welfare Groups at the turn of the century. Why not let Geriatric medicine emulate their inspired example.

#### The Cancer problem.

Cancer of the lung kills almost four times as many people now as Tuberculosis does. Cancer of the Lung is directly associated with smoking but especially cigarette smoking. Cancer of the lung is six times as common in men as it is in women. Air pollution has been proven to be a contributory factor in the production of Cancer of the lung. Certain occupations such as radioactive oremining, nickel, asbestos and coal gas workers - all these contribute to the hazard of developing Cancer of the lung. We had five deaths from Cancer of the lung during the year.

#### Smoke and Atomospheric Pollution.

I wonder how many people were responsible during the year for using the atmosphere "without due consideration for other air users". This rather reminds one of the Road Traffic Acts to which numerous courts and police throughout the country pay so much attention, and well they might too. For lack of consideration can cause so much death on the roads. During the period December 2nd - to December 5th of this year a London fog was directly responsible for causing the deaths of 87-people in the appalling Lewisham Train disaster. Little or no publicity however, has been given to the fact that this very same fog caused the deaths of 800 - 1000 people in greater London during that same period. In the railway disaster the fog interfered with human vision and caused the tragedy - the other 800 to 1000 people were just poisoned by the foggy atmosphere. This localized picture is typical of what is happening throughout the country when climatic conditions favour the development of mist and fog. I look forward to the coming of the Clean Air Act with great joy. Long may it remain on our statute books to remind us of our guilt.

As is usual each year, I have included reports submitted by Mr. Muse, the Housing Manager, Mr. Hall, the Surveyor, and Mr. Drake, the Waterworks manager. These reports give a summary of what the positions of their various responsibilities are, and what has taken place during the year that may have a bearing on Public Health. One major factor with a Public Health aspect will be found in the report submitted by Mr. Drake concerning our water supply. One of the fundamental responsibilities on the Health Department is the securing of a safe water supply. During the Year our water supply has always been plentiful, but its purity was a matter of concern in that gross contamination with worms and with Caddis fly larvae persisted throughout the greater part of the year. I would like to take the opportunity of saying how conscientiously Mr. Drake has tackled this problem. We all know that the reservoir is at fault, but Mr; Drake was faced with

the problem of providing a clean and safe supply of drinking water in spite of ever present contamination. I shall not dwell on this matter here except to say that a full report on the problem has been submitted by Mr. Drake. I recommend it to you as it makes interesting reading.

Dr. F. Appleton, the Divisional Medical Officer has also provided a report on the health functions carried out by his Department in the name of the West Riding County Council. Dr. Appleton has always been helpful to us here in Queensbury and Shelf, and relations with the West Riding have always been cordial.

Mr. Shelley, our Public Health Inspector, has also submitted a full report on the Sanitary Circumstances of the area. I am privileged to acknowledge his help, and his criticism, yes - for it ~~was~~ always constructive and friendly. I am grateful for the kindness and enthusiasm with which you as a Health Committee have listened to me during the year.

I remain,

Mr. Chairman, Mrs. MacCreath and Gentlemen,

Your obedient Servant,

R.F. O'Sullivan.

Medical Officer of Health.



PREVALENCE OF AND CONTROL OVER INFECTIOUS  
AND OTHER COMMUNICABLE DISEASES.

Influenza

During the early part of September of this year an epidemic of Influenza started in this area. The onset may be described as explosive. The incubation period appeared to be two to three days although this was very difficult to determine in many cases. The infectivity was very high and once it had entered a household hardly anyone escaped. Each individual case had a sudden onset with feverishness, headache, backache, pains in the limbs a hard dry cough, pharyngitis, tracheitis and in most cases conjunctival injection. The patients were often very ill especially during the early period of the disease. Most people with these symptoms had to go to bed and only the very robust were able to remain on their feet at this stage of the disease. The headache was really intense in many cases and was well nigh impossible to relieve. Indeed many cases had well marked meningism and some neck rigidity although this quickly passed off. Hard unproductive cough resulted from the tracheitis and scattered moist sounds were heard in the chest. Weakness and prostration was present in many such cases and drugs had very little effect.

Some cases progressed on to acute abdominal symptoms with vomiting and diarrhoea and acute intestinal colic was frequently present. Others gave rise to secondary respiratory infection and the staphylococcus aureus was a frequent invader. Some of the cases resulted in a purulent pneumonia and this carried a high mortality although thankfully this was not too frequent in our area. The chronic Bronchitic was very prone to this type of disease and their semidebilitated condition before the attack no doubt predisposed to this end. The disease had a prolonged period of convalescence and marked weakness was a feature of most cases when they became ambulant.

It was proven to be due to the Influenza Virus A-Asian type and although a vaccine was promised by the Ministry of Health it became available only to those at "special risk" almost a month after the epidemic had subsided. I would say that almost the entire community became infected and almost every one had had Influenza in one shape or form by the time the vaccine was in circulation so that those who were able to benefit from the vaccine must have already had some level of immunity from subclinical infections. The vaccine was in fact a real "damp squib" in this area.

Looking back on the epidemic now many salient points spring to mind. The first was that we were unable to do any more for each patient than we did in any previous influenza epidemic. The only difference was in fact that under the National Health Service medical care was freely available. It was so freely available in fact that it was grossly over used, and the calls on the General Practitioner Service were made without rhyme or reason in some cases. Indeed the General Practitioner Service almost broke down at times and I have no doubt that many doctors continued on working whilst they themselves were ill - often more ill than the patients to whom they were attending.

The epidemic itself was dealt with in an appalling manner. Our attempts were worse than primitive in that we used our press and other methods of communication to the worst advantage. Indeed these services were more frequently used to advertise the effectiveness of commercial substances which has a doubtful value in the management of the disease.



Some lead ought to have been given by the Ministry of Health in public announcements over the radio and in the press to help allay the panic that poor press publicity was stimulating.

In our crowded community life in the Industrial North of England large gatherings continued to spread the disease and I am sure that doctors' waiting rooms were as much a menace as any other factor. Simple advice regarding nursing of the sick should have been a daily feature in the press instead of giving undue stress to the rising number of pneumonia and influenza deaths.

Here was a disease which needed to be dealt with on a personal level yet from a personal level little was done. The infected case went home and stayed in the living room near the fire until it became impossible to remain up any longer. Then the patient went to bed and as often as not into a bed wherein his or her infected wife or husband also slept. Soon all those in the living room were infected and whoever shared the bed or bedroom also became infected. Yes, we were warned that we would become involved in an Influenza epidemic but we were not warned as to what to do about it. Had the vaccine become available sooner perhaps many lives would have been spared. Penicillin and the more recent antibiotics such as the Tetracyclines were life savers in the pneumonia complications but more attention to preventing large gatherings would have prevented much illness. In this area at least little was done in the acknowledged methods of disease control and prevention and this disease ran its course, and having infected all it cared to infect, it burned itself out. It left many aching limbs and not a small number of aching hearts too. Heaven forbid that it should return again.

On the 21st November 1957 the Divisional Medical Officer called a meeting of General Practitioners and other Doctors in the area to discuss plans to deal with any further outbreaks that may occur. It was a poorly attended affair but those of us who did attend had something constructive to offer. The hospital consultants had agreed to make arrangements that in any future epidemic of similar type, organisation of the hospital services would help in the management of the General Practitioner Services as also would the Maternity and Child Welfare Services. Cases needing admission to hospital would receive greater consideration.

Greater use would be made of Health Visitors, Home Nurses and the Home Help Service; and auxiliary services such as "meals on wheels" for those in need could be instituted should the seriousness of the outbreak merit it. Close co-operation would exist between the Public Health and other Services in any future outbreak and indeed a scheme for integration of those services was suggested so that we may be able to deal more effectively with any similar outbreak with all the methods which are at hand.

### Measles

During the year we experienced a sharp outbreak of Measles, 240 cases in fact. These were associated with an outbreak of Rubella. This made the position most difficult as very mild Measles may appear like Rubella. The outbreak of Rubella we took most seriously because of its associated danger to pregnant women- especially in the first trimester. Gamma Globulin is now available for use in these cases and we are pleased that no case of congenital defect was traceable to this cause.

Tuberculosis

This disease is changing its character daily. It is now a disease of mainly older men with also young women forming a large part of the total. It is no longer the great killer and this state of affairs is mainly due to the antibiotic and chemotherapeutic drugs.

Case finding is very accurate now and the Mass Miniature X Ray Units discover new cases at the rate of a little over 0.2% of those X-Rayed i.e. a little over 2 per thousand X-ray films taken. The Mass X-Ray Unit plays a very important part in the prevention of tuberculosis in the area and we are very grateful that such help is available.

During the Year only three new cases were notified in the area. Exhaustive serching of the contacts is done immediately a notification is received and thus a net result worthy of such effort is always obtained.

Small Pox.

In spite of much health education and propaganda vaccination against Small Pox is sought mainly when there is a local scare. During the interim periods little vaccination of children is performed as a routine. The people believe in the efficiency of vaccination, but only with the threat of an outbreak is its help sought.

Scarlet Fever.

This disease is due to a throat infection with certain strains of the Haemolytic Streptococcus. About half the cases occur in children between the ages of 5 - 9 years i.e. the early school years. Most cases of sore throat in fact do occur in this age group but only a small number go on to develop Scarlet Fever. The danger of kidney damage - acute Nephritis must be remembered as a consequence of Scarlet Fever but this danger is now remote with modern methods of treatment with Penicillin. The disease is notifiable because it is a great indication of the activity of this organism in any community. Although the danger from this disease is not great at present, that happy picture may not always continue.

Food Poisoning.

We have had eleven cases of food poisoning notified but none were proved to be food poisoning on investigation.

\* \* \* \* \*

SUMMARY OF CASES OF FOOD POISONING AS REQUIRED BY MEMO  
188 MED. OF MINISTRY OF HEALTH.

APPENDIX D (i).

1.	<u>County District:</u>	Queensbury & Shelf			
		Urban District			
	<u>Year</u>	1957.			
2a.	<u>Food Poisoning Notifications (corrected) returned, to</u> <u>Registrar General</u>				
	<u>First</u> <u>Quarter</u>	<u>Second</u> <u>Quarter</u>	<u>Third</u> <u>Quarter</u>	<u>Fourth</u> <u>Quarter</u>	<u>Total.</u>
	-	-	-	-	Nil.



6.	<u>Total cases</u>	<u>1st quarter</u>	<u>2nd. quarter</u>	<u>3rd quater</u>	<u>4th quarter</u>	<u>Total.</u>
		-	-	-	-	-
3.	<u>Particulars of outbreak</u>					Nil
4.	<u>Single cases</u>					Nil
5.	<u>Salmonella Infections, not food borne</u>					Nil

APPENDIX D (ii).

Outbreaks. Nil.

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Month	Puerperal Pyrexia	Whooping Cough	Measles	Erysipelas	Food Poisoning	Scarlet Fever	Pneumonia	Poliomyelitis (Acute). Non-Paralytic	Gastro Enteritis	Sonne Dysentery	Tuberculosis	Para Typhoid B.	Meningococcal Infection.	Encephalitic Infection.	Total.
January	-	3	14	1	1	1	15	-	-	3	-	-	1	-	39
February	-	1	5	1	3	1	7	-	-	6	-	-	-	-	24
March	-	-	32	2	1	1	7	-	-	12	-	-	-	-	55
April	-	4	37	4	1	1	5	-	-	1	2	-	1	-	56
May	-	2	97	-	1	1	4	1	-	5	-	-	-	-	111
June	-	1	20	1	-	-	3	-	-	-	-	-	-	-	25
July	-	1	22	1	-	-	2	-	-	1	-	-	-	-	27
August	-	-	11	-	-	-	-	-	-	3	-	-	-	-	14
September	-	-	1	2	-	-	11	-	-	1	-	-	-	-	15
October	-	1	1	6	3	-	18	-	-	1	1	-	-	-	31
November	-	1	-	2	1	-	6	-	-	-	-	-	-	-	10
December	-	-	7	3	-	1	3	-	-	-	-	-	-	-	7
Total.		14	240	23	11	6	81	1	-	33	3	-	2	-	414

TABLE 2 - MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1957.



## VITAL STATISTICS

The purpose of these statistics is to give the numbers of births and deaths, and to turn these figures into rates which allow of useful comparison with previous years, and with other districts. They also serve as a basis for criticism on the factors affecting these rates. For example, to say that persons 124 died during the year means little. But to say that 13.9 per 1,000 of the population died in 1957 means that straightaway a comparison can be made with the death rate per 1,000 in other districts. Now it might be, for example, that at retirement many of our older people retire to Morecambe and die there. On this basis the death rate at Morecambe should be higher than here, and our death rate is lower than it should be. Because of factors like this the Registrar General issues a comparability factor to multiply against our crude death rate so as to get an adjusted death rate. This gives a truer rate for comparison of the mortality in different areas. This year our factor is 1.05 so that the crude death rate of 13.9 becomes 14.6. This rate can now be properly compared with the rate for England and Wales of 11.5.

We can go further and find the rates for deaths due to specified causes, such as heart disease or Cancer; or due to child-~~ish diseases~~ like Measles, Whooping Cough or Diphtheria which may reflect the efficiencies of vaccination and immunization. We can examine the risk at birth - how many children survive the first four weeks of life, or the first 12 months. These figures tend to relate themselves to the efficiency of the services which operate when a child is being brought into the world. The maternal mortality shows the risk to a mother in having a child.

The birth rate is similarly adjusted. The number of births depends upon the number of women married and between the ages of 15 and 45. The Registrar General from census figures and other information gives us the factor to adjust our crude rate to one more related to the age structure of our population. This then becomes a better comparison as a fertility rate.

So that, far from being dull dry figures, statistics such as these can be fascinating glimpses of how our lives are started, changed, preserved and finally ended. All praise to those who, by studying these figures, can institute changes which ultimately add to human health and happiness,

The population in Queensbury & Shelf is 8890. Roughly two thirds of these people live in Queensbury and the remainder in Shelf. Queensbury is a village community and Shelf is really more a residential area without the same village community life. Many of the residents are really Halifax or Bradford folk as far as work and social life is concerned whilst Queensbury has a village community with its own major industry and social life.

One hundred years ago the expectation of life for male babies born then was 40 years and for females 42 years. These are rough figures but they serve as a suitable guide.

To day the life expectation of boy babies averages 66.6 years and for girls 72 years. It would appear therefore, that the average expectation of life has risen from 40 to 70 years and the figures I have given you are incontrovertible. What is really false is the underlying conclusion that medical science and the medical profession have made this achievement possible. One branch of medical science is really responsible for this relatively happy state, and that is paediatric medicine. In other words we now keep more babies alive than in former years and this raises



the life expectancy to 70 years. Little has been done however to increase the life expectancy of the older age groups. In other words a man over fifty years has a life expectancy of no greater than before say, the year 1925. Doctors, in fact, who ought to know how to remain fit and well and to stay alive longer, have a life expectancy less than the general populace. Surely therefore, medical science is not responsible for the general increase in life expectancy. It certainly has not increased the life expectancy of the elderly. All that medical science has done in the care of the elderly is to make the processes of decay more bearable. More surgery can now be performed on the elderly for example and thus render their last years more painless. Life is made more worth living for them.

To return to our figures of Causes of Death I would like to quote them as numbers of deaths and not as death rates, for in our small community the rates mean very little to the uninitiated. We had a total of 124 deaths as against 105 last year. These deaths were composed of 70 males and 54-females. Two male deaths occurred from Tuberculosis and nine from pneumonia. In fact of all the notifiable diseases these were the only two which caused death. Another feature of our deaths was that whereas we had two tuberculosis deaths we had five deaths due to Cancer of the lung and these were all males. Cancer accounted for nineteen deaths in all and cancer of the lung was the cause in five of these deaths - a little more than a quarter of our cancer deaths. There were six deaths due to accidents, and no maternal deaths. Now with reference to maternal deaths I must add that for purposes of statistics maternal deaths are those occurring in pregnancy, or puerperium.

Fifty out of 124 total deaths were due to heart disease, and 36 of these fifty deaths were due to Coronary Artery disease. In other words more than a third of all our deaths were of Coronary origin. This is in keeping with the national picture of death in middle life from what we commonly call heart attacks. Concerning the cause of these "heart attacks" we simply do not know where to lay the blame. Is it too much emotional strain, overeating, or too little exercise, or is it all three combined? It is the great "bogey man" of the middle aged, professional classes especially. It presents the diagnostician with one of his greatest problems. It has been known as "the executives disease." It hangs over many like the sword of Damocles.

DEATHS 1957.

How many of the babies born in 1957 died within four weeks of birth?

This is called the <u>Neo-Natal Mortality.</u>	M.	F.	Total.
Deaths of infants under four weeks	1		1
A rate of <u>6.3 per 1,000 live births</u>			
Figures for comparison are:-			
England and Wales	16.5		
West Riding County	18.9		
Highest W.R. District Fig.	38.5		
Lowest W.R. Dis. Figure.	NIL		

How many babies died within one year of birth?

This is called the <u>Infant Mortality.</u>	M.	F.	
Deaths of infants under one year	1		1
A rate of <u>6.3 per 1,000 (live and Still) births.</u>			

This figure includes, of course, the baby who died under four weeks of age.



Figures for comparison are:-

England and Wales	23.0
West Riding County	26.4
Highest W.R. District Figure	44.9
Lowest W.R. District Figure	NIL.

How many mothers were lost in childbirth? Or deaths from  
Puerperal Sepsis and other maternal causes - Maternal  
Mortality.

No deaths occurred from these causes in 1957.

Figures for comparison are:-

England and Wales	0.47
West Riding County	0.51
per 1,000 (live and still) births	

How many persons died from all causes in 1957.

Males 70      Females 54      Total 124  
This corresponds to a Crude Death Rate of 13.9 per 1,000  
resident population. When this is multiplied by the  
Comparability Factor of 1.05 we get an Adjusted Death Rate  
of 14.6 per 1,000 resident population.

Figures for comparison are:-

England and Wales	11.5
West Riding County	12.7
Division 18	13.2
Highest W.R. District Figure	20.9
Lowest W.R. District Figure	7.4

Do more people die in winter than summer?      The following  
table is interesting:-

Month	Total	Male	Female
January	13	6	7
February	8	4	4
March	11	4	7
April	15	7	8
May	13	8	5
June	7	5	2
July	3	2	1
August	7	3	4
September	12	6	6
October	13	10	3
November	11	6	5
December	11	9	2
	124	70	54

We intend in future to keep records of the weather in order  
to correlate them with these figures.

At what age does death occur?

The histogram on the opposite page shows the age at  
death of residents in this area in 1957. Examination of this  
will show that of the 124 people who died 81 lived to be over  
65, 60 survived to be over 70, and 21 lived to be over 80 years  
of age.

The average age death, excluding those deaths occurring  
within 12 months of birth, was 68.6 years.

For males alone the figure is 66.5 and for females 71.2.

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13



What did these people die from? There are quite a few blanks in the table below, showing diseases that people did not die from. For the Public Health Department, where prevention is better than cure, these blanks are often of more interest than where figures are given.

	Cause of Death	M.	F.	Total.
1.	Tuberculosis - Respiratory	1	-	1
2.	Tuberculosis - Other	1	-	1
3.	Syphilitic Diseases	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal Infection	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other Infective and Parasitic Diseases	-	-	-
10.	Malignant Neoplasm Stomach	-	1	1
11.	Malignant Neoplasm Lung Bronchus	5	-	5
12.	Malignant Neoplasm Breast	-	3	3
13.	Malignant Neoplasm Uterus	-	2	2
14.	Other Malignant & Lymphatic Neoplasms	5	3	8
15.	Leukaemia. Aleukaemia	-	-	-
16.	Diabetes	-	-	-
17.	Vascular Lesions of Nervous System	11	5	16
18.	Coronary Disease. Angina	19	15	34
19.	Hypertension with Heart Disease	-	2	2
20.	Other Heart Disease	6	8	14
21.	Other Circulatory Disease	4	-	4
22.	Influenza	-	-	-
23.	Pneumonia	6	3	9
24.	Bronchitis	5	2	7
25.	Other Diseases of Respiratory System	-	-	-
26.	Ulcer of Stomach & Duodenum	1	-	1
27.	Gastritis, Enteritis & Diarrhoea	-	-	-
28.	Nephritis and Nephrosis	-	-	-
29.	Hyperplasia of Prostrate	2	-	2
30.	Pregnancy, Childbirth, Abortion	-	-	-
31.	Congenital Malformations	-	-	-
32.	Other Defined & Ill-defined Diseases	3	3	6
33.	Motor Vehicle Accidents	-	-	-
34.	All other accidents	1	5	6
35.	Suicide	-	2	2
36.	Homicide and operations of War	-	-	-
		70	54	124

What progress has been made in reducing deaths from infectious diseases? Or in the numbers suffering from these diseases.

In 1957 deaths from common infectious diseases in Queensbury and Shelf were:-

Tuberculosis of Lungs	0.11	per 1,000 population.
Tuberculosis other forms	0.11	" " "
Measles	Nil	
Whooping Cough	Nil	
Scarlet Fever	Nil	
Diphtheria	Nil	
Meningococcal Infection	Nil	
Acute Poliomyelitis	Nil	



What were the great killers in this area in 1957?

- (1). Diseases of the heart and circulation - 6.07 per 1,000
- (2). Vascular lesions of the nervous system killed - 1.80 per 1,000
- (3). Cancer (all forms). killed 2.14 per 1,000
- (4). Respiratory diseases (excluding Tuberculosis killed 1.80 per 1,000

This shows that the greatest killers, as would be expected in a country where an efficient public health Service is in operation, are the 'wearing out' conditions rather than the preventable diseases.

#### BIRTHS 1957

How many babies were born?

	M.	F.	Total.
Legitimate	71	81	152
Illegitimate	3	4	<u>7</u>
			159

This gives a Crude Birth Rate of 17.9 per 1,000 resident population which, when multiplied by the Comparability Factor of 0.96 gives an Adjusted Birth Rate of 17.2 per 1,000 resident population.

Figures for comparison are:-

England and Wales	16.1
West Riding County	16.7
Highest W.R. District	22.1
Lowest W.R. District	12.6

The Still Birth Rate was 30.5 this year. This compares with an average for the West Riding Area of 23.9 per 1,000 (live and still) births.

Where were the babies born?

The following table shows this:-

At Home	In Institution
71	93

Thus 71 out of 164 or 43 per cent were born at home. This percentage is 10% more than last year. We have no figures to quote for comparison with other areas.

TABLE 1.

TABLE SHOWING NUMBER DUE TO SPECIFIED CAUSES AND AGE AT DEATH

Disease	Age Group																	
	Under 1 year		1 - 5		6 - 20		21-35		36-45		46-55		56-65		66-70		Over 70	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis - Respiratory													1	-			1	-
Tuberculosis, Non-Respiratory																		
Ulcer of Stomach and Duodenum			1	-									1	-				
Malignant Neoplasm - Stomach																	1	-
Malignant Neoplasm, Lung Bronchus													3	-	1		1	-
Malignant Neoplasm - Uterus											-	2					1	-
Other Malignant and Lymphatic Neoplasm											1	-	2	1	1	-	2	1
Vascular Lesions of Nervous System									1	1	1	1	1	1	1	1	3	5
Coronary Disease - Angina													5	3	3	6	8	15
Hypertension with Heart Disease												1					2	2
Other Heart Diseases									1	1			1	1	1	4	5	6
Other Circulatory Disease																	3	3
Pneumonia									-	1			1	-	2	2	2	2
Bronchitis																		
Other Diseases of Respiratory System																		
Gastritis, Enteritis and Diarrhoea																		
Motor Vehicle accidents																		
All Other Accidents					1	-											5	1
Suicide																	-	2
Other Defined & Ill-Defined Diseases	1		1							1			1	-			2	3
Malignant Neoplasm - Uterus																	1	1
Totals	1	-	2	-	1	-	-	-	2	4	2	4	16	6	15	5	31	35
																	70	54



TABLE 4

## ANNUAL REPORTS OF MEDICAL OFFICERS OF HEALTH - 1957.

## VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality,  
Maternal. Mortality and Case-rates for Certain Infect-  
ious Diseases in the year 1956.

Provisional figures based on Quarterly Returns.

	England and Wales	Queensbury and Shelf	West Riding Admin. County.
	Rates per 1,000 Home Population.		
Births.			
Live Births	16.1	17.2	16.6
Still Births	22.4	30.5	23.9
Deaths -			
All Causes	11.5	13.9	11.7
Tuberculosis Respiratory	0.09	0.11	0.08
Tuberculosis - All Forms	0.11	0.22	0.09
Cancer of Lung & Bronchus )	2.09	2.14	1.87
Cancer other			
Heart & Circulatory Diseases	NA	6.07	4.30
Respiratory Diseases	NA	1.8	1.37
Maternal Causes	0.47	0.00	0.51
All causes under 1 year of age	23.0	6.3	26.4
All causes under 4 weeks of age	16.5	6.3	18.9
Notifications (Corrected) -			
Typhoid Fever	0.00	0.00	0.00
Paratyphoid Fever	0.01	0.00	0.00
Meningococcal Infection	0.02	0.22	0.04
Scarlet Fever	0.66	0.66	0.79
Whooping Cough	1.89	1.54	1.29
Diphtheria	0.00	0.00	0.00
Erysipelas	0.08	2.59	0.11
Smallpox	-	0.00	-
Measles	14.11	27.0	17.46
Pneumonia	0.73	9.1	0.82
Acute Poliomyelitis (including polioencephalitis).			
Paralytic	0.07	0.00	0.05
Non-Paralytic	0.04	0.11	0.01
Food Poisoning	NA		NA.

(a) per 1,000 total (live and still) births.

NA - Not available.

TABLE 3 - CLINICS AND TREATMENT CENTRES

Name	Location	When Open
Child Welfare Clinic "	Victoria Hall, Queensbury.	Every Tuesday, 2 p.m. to 4 p.m.
Combined Ante-Natal and Post Natal Clinics.	Witchfield Chapel, Shelf	Every Monday, 2 p.m. to 4 p.m.
Artificial Sunlight Clinic	Victoria Hall, Queensbury	2nd & 4th Fridays 2 p.m. to 4 p.m.
Diphtheria Immunization Clinic	Witchfield Chapel, Shelf	Mondays 1.30 p.m. to 2.00 p.m.
	Brook House, Atlas Mill Road, Brighouse	( This is also available at Shelf Clinic Monday 10 a.m. and at Queensbury Clinic Tuesdays & Fridays 11.00. a.m.
Dental Clinic	Carried out at Child Welfare Clinics	
Chest Clinic	Bonegate House, Brighouse	By appointment
	Royal Infirmary, Halifax	Outpatient Department - Monday Tuesday, Wednesday and Thursday 9.15 a.m. to 12 noon.
		Men
		Women
Veneral Diseases Clinic	Royal Infirmary, Halifax.	Thursday 2.00-4.30 p.m. & Tuesday 2.00-4.30 p.m. & 5.00-7.00 5.00-7.00 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic and Orthopaedic	Brook House, Atlas Mill Road, Brighouse	By appointment
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	By appointment - bi-weekly.



T A B L E 5

HOUSING PROGRESS IN THE AREA SINCE 1919

Houses built by private enterprise, including subsidy      Houses built by Local Authority to let or for sale.

	Queensbury	Shelf	Queensbury	Shelf
1919	-	-	-	-
1920	-	2	-	-
1921	-	2	12	-
1922	-	1	-	-
1923	-	4	-	-
1924	2	7	-	-
1925	2	9	-	2
1926	2	-	12	-
1927	3	-	24	-
1928	-	2	-	8
1929	-	-	-	-
1930	-	3	-	8
1931	-	-	-	-
1932	16	43	-	8
1933	45	47	-	4
1934	89	58	-	4
1935	45	19	-	6
1936	10	15	12	-
	Queensbury and Shelf		Queensbury and Shelf	
1937	21		6	
1938	33		-	
1939	9		24	
1940	-		20	
1941-45	-		-	
1946	6		-	
1947	19		20	
1948	3		25	
1949	2		20	
1950	3		24	
1951	-		8	
1952	8		28	
1953	12		102	
1954	10		32	
1955	16		8	
1956	25		-	
1957	19		18	

## ENVIRONMENTAL DESCRIPTION OF THE AREA

Area (in acres).	2,795
Population	8890
Average number of persons per acre	3.18
Number of inhabited houses	3353
Average number of inhabited houses per acre	1.2
Average number of persons per house	2.66
Rateable Value	£59,639
Product of penny rate	£232
Rate in the pound	2ls.

The area is made up of the Old Urban Districts of Queensbury and Shelf, which were amalgamated in 1937. Queensbury lies across the Bradford-Halifax Road (A.647), Shelf across Bradford-Manchester Road (A.6036), the two areas being joined by the Brighouse-Keighley Road (A.644).

The combined area is bounded on the north and east by Bradford County Borough, on the west and part of the south by Halifax County Borough, the remaining southern boundary meeting the Borough of Brighouse.

The area is mainly high and exposed, the northern tip of the district being actually named "Mountain" as it is at an altitude of some 1,200 feet above sea level. The average altitude of Queensbury is about 1,100 feet, while that of Shelf is about 850 feet. The village of Queensbury is situated on a high eminence overlooking Bradford and Halifax about midway between the two towns with extensive views in all directions, especially from Mountain. From this eminence Penyghent, Ingleborough and Wharfedale, forty miles away, are clearly seen in the north-west. There is probably no more populous place at a greater elevation in England than Queensbury.

Shelf is rather less hilly, with an area of 1.303 acres and is divided into two distinct watersheds. The first includes Shelf village, Shelf Moor, and drains naturally into the stream named Woodfall Beck. The other watershed includes the hamlet of Stone Chair, Lower Shelf, and Lumb Brook, and drains naturally down to Lumb Brook, the land falling regularly from N.W. to S.E.

The exposure rating of this area by the Institute of Heating and Ventilating Engineers is "severe", the number of degree days being about 5,500 for an internal temperature of 65°F. and external temperature of 30°F.

Rainfall is about 40 ins.

Geologically, the district has little of importance. A narrow strip of the millstone-grit which forms the main mass of the Pennine Chain crosses on the western boundary of Queensbury, the rest of the area being covered by sandstone except for an area stretching from the neck where the two areas were joined to a line running almost east-west from Stone Chair to Green Lane.

Apart from the western strip of millstone-grit already mentioned, the area lies on the Lower Coal Measure, which forms the West Riding Coalfield. The Coal Measure, consisting of shales, sandstone, coal and underclays, occurs in a basinlike fold, with its axis running north-north-west to south-south-east, the whole basin having an eastward tilt. Thus the approach to the northern and western edges of the basin is marked by one seam after another, curving up to the surface and ending, until a stage is reached at which mining is uneconomical. It is on this western edge that the district lies, and there are at present no mines



in operation in the area although one mine was worked for some years in Queensbury and there are some old "Bell pits" in a restricted area at Shelf. There is practically no risk of subsidence from mining operations and little loss of amenity by reason of spoil heaps.

By far the greater loss of amenity has been caused by the working of the sandstone mentioned above, at a time when rapid but undirected growth was proceeding all over the area. From the haphazard growth of the nineteenth century has been received a legacy of narrow streets, back-to-back houses, badly placed works and ruined amenities which provide all the worst and most costly problems of modern town planning.

A certain amount of clay mining is taking place, but this, fortunately, does not impair the general amenities of the area.

Probably due to the poor soil yielded by the Coal Measures and climatic features referred to, agriculture plays little part in the life of the district, dairy farming and stock raising being the principal occupations of the farming community.

As might be expected from the situation of the district, the textile industry is the most important one in the area. Two centuries ago nearly every house had its own loom and spinning wheel, and to-day most families in the area have some connection with the trade. Probably Black Dyke Mills, originally built in 1835, has been the greatest single factor promoting the growth of Queensbury.

There are two parks in Queensbury, totalling 9.00 acres, 6.00 acres of which are for games only, a private golf course of 31.5 acres, three recreation grounds totaling 10.00 acres, and 7.20 acres of allotments.

There are no common lands in the area.

Just before the outbreak of War, Littlemoor Park, belonging to the Foster estate, was gifted to the Council, and is being developed as a public park. The area is 28.00 acres.

DIVISIONAL HEALTH SERVICES  
QUEENSBURY AND SHELF URBAN DISTRICT

Where the figures for 1956 are available, they are given in brackets throughout this report after the figures for this year for comparison purposes.

Vaccination.

Vaccinations carried out during the year ended 31.12.1957.

Ages	under 1 year	1 year	2 - 4 years	5 - 14 years	15 & Over	Total.
	56(55)	4(3)	2(2)	1(2)	3(3)	66(65)
Re-Vaccinations			0(0)	1(1)	3(7)	4(8)

It will be seen that the total number of children having primary vaccinations is almost the same as last year, and as the total live births were 159, approximately one-third of the children being born are now vaccinated.

Diphtheria Immunisation.

Number of children who had completed a full course of immunisation at any time up to 31.12.1957.

Ages at 31.12.1957,	Under 1 year.	1.	2.	3.	4.	5 - 9.	10-14.	Total.
	39(2)	2(41)	41(65)	65(81)	115(57)	446(533)	707(640)	1415 (1419)

Diphtheria Immunisations carried out during the year ended 31.12.57.

Ages	Under 1 year.	1.	2.	3.	4.	5-9	10 -14	Total.
First Immunisation	39(29)	19(16)	13(1)	3(4)	0(0)	2(0)	2(0)	78(50).
Booster Doses	0(0)	0(0)	0(0)	0(0)	3(0)	42(63)	68(3)	113(66)

It will be seen that 78 children received Diphtheria Immunisation, as compared with 50 last year.

It is necessary to remind parents that one of the principal reasons why Diphtheria is now a rare disease is because of the large number of immunised children, and that it is important that this preventive measure should not be allowed to lapse.

It is hoped that in 1958 we shall be able to introduce combined immunisation for Whooping Cough and Diphtheria, and then we shall hope to have a better response. Many parents bring up their children for vaccination and Whooping Cough immunisation but after three injections against Whooping Cough, they are loath to have the two further injections for Diphtheria, and it is considered that the possible advantages of a combined injection are offset by the possibility of more children being brought forward for immunisation. In addition, of course, if the triple antigen is used when immunisation against Tetanus is employed, the child will have protection against Tetanus in its early years. Although Tetanus is a comparatively rare disease, cases do occur and when they occur it is a particularly dangerous disease.



We shall try to avoid immunisation in the summer months so that any possibility of provocation Poliomyelitis is eliminated.

Once again we were able to increase the number of booster doses given, and altogether 191 children can be considered to have been given maximum protection as compared with 116 last year.

To have a true idea of the protection, I give below the figures of children immunised in two groups (A and B), the first group being children who have received either an initial or booster dose in the last five years, and the second group those who were immunised at a date preceding this.

It is our aim that all children immunised more than four years previously shall have booster doses to ensure as complete a protection as possible.

Age at 31.12.57. i.e. Born in year	Under 1 1957	1 - 4 1956-53	5 - 9 1952-48	10 - 14 1947-43	Under 15. Total.
A. 1953-1957	39	223	231	193	686(815).
B. 1952-1943.	-	-	215	514	729(604).

#### Whooping Cough Immunisation.

Number of children who had completed a full course of immunisation at any time up to 31.12.1957.

Ages at 31.12.57.	Under 1-year.	1.	2.	3.	4.	5 - 9	10 - 14	Totals.
	40(12)	24(66)	114(88)	102(67)	67(59)	145(93)	-	492(385).

Whooping Cough Immunisations carried out during the year ended 31.12.1957.

Ages	Under 1-year	1.	2.	3.	4.	5 - 9	10 - 14	Totals.
	40(50)	12(8)	7(3)	2(1)	0(1)	0(1)	0(1)	61(65).

The figures for Diphtheria and Whooping Cough Immunisations carried out during the year are composite ones and include numbers carried out both at Child Welfare Centres and by General Practitioners.

#### Home Nursing Service.

The Home Nurse made 3691(3230) visits to 127(112) medical cases and 40(26) surgical cases.

It will be seen that there was a greater demand for the Home Nurse this year than last year. We can expect demand for this service, due to the gradual increase in the number of old people in the population. Much of the Home Nurses' time is spent with old people and the saving in hospital beds made by the Home Nurses is considerable.

### Ante-Natal Clinics.

Two ante-natal clinics were held at Queensbury each calendar month. At Shelf, ante-natal patients were seen prior to the Infant Welfare Clinic each week. Of the 107 patients attending during the year, 90 were new cases. Altogether, 484 attendances were made.

There were 164 total births during the year, so that approximately 65% of patients attended our ante-natal clinics, but all the others received ante-natal care from some source. Only 71 patients were delivered at home, the remaining 93 being delivered in hospital. It will be seen that a very high percentage of the patients delivered at home attended our antenatal clinic, and that, in addition, some of those delivered in hospital also attended our ante-natal clinics.

I have stressed in earlier years, when the house is a satisfactory place in which a woman can be delivered, and there are no medical reasons for hospital confinement, the home is the best place for a baby to be born. Previously, there had been a trend towards hospital delivery, a trend which has been reversed since 1955. In 1954, only 25% of all confinements occurred at home, and this year there were 43%. Although 43% is much lower than we would like, we note with satisfaction that there is a reduction in the number of babies being born away from their normal home environment.

Some of the patients attending our ante-natal clinics also attend their own Doctors' surgeries, so that both Doctor and Midwife are fully conversant with the conditions. I am glad to say that the relations between the hospitals, the Family Doctors, the Midwife and the Clinics have remained good. We are also grateful to the Halifax General Hospital for arranging for the services of a 'Flying Squad' for blood transfusions in cases of emergency when the baby is being delivered at home.

### Post-natal Clinics

Post-natal cases are seen at the ante-natal clinics, and no special post-natal clinics are held. Only ten patients attended for post-natal examination. Many patients, however, who did not attend at the clinics post-natally, returned to the hospital where their confinement took place, or to their own doctor for a post-natal examination, and almost all women had a post-natal examination.

### Relaxation Clinics.

The Midwife has continued to hold special relaxation classes for expectant mothers. These classes are particularly valuable in first deliveries and we often have difficulty in persuading mothers who have had children before to attend because of the difficulty in arranging for the care of children. As most first babies are born in hospital, the numbers attending these classes are necessarily few, but we have had excellent reports from the hospital of the results. Twenty-six women attended and made 84 attendances.

### Infant Welfare Clinics.

On the 3rd December, 1956, the new clinic at Queensbury was formally opened by the Chairman of the Maternity and Child Welfare Sub-Committee of the County Council. It has been in use throughout the year and there was a great deal of evidence of its appreciation by the mothers who were using it.



It will be seen from the figures given below that although the attendances at Shelf fell, attendances at Queensbury of children under one year of age increased both as to numbers attending and to attendances made. This made our work of teaching health education much simpler. It is particularly difficult to instruct the mothers in principles of healthy living from an old, rather dirty, shabby building, a building which not only lacks amenities but which is so cold in winter that it is impossible to ensure proper ventilation. The new Clinic has indeed been appreciated, and our next endeavour must be to have a similar building for the Shelf part of the area. A reduction in the number attending the clinic at Shelf was principally due to a new clinic being opened by Bradford Corporation in the Buttershaw area, and many of the patients who came from that area to our clinic, as the nearest one, now attend the clinic in their own County Borough.

Particulars of the attendances are set out in the table given below:-

Infant Welfare Centre.	Number of children who attended during the year.	Number of children who first attended during the year and who on the date of their first attendance were under one year of age.	Total number of attendances made during the year	Under 1 year of age	Over 1 year of age.
Queensbury	27(228)	99(88)	1427(1119)	366(558).	
Shelf	104(114)	28(48)	498(560)	214(240).	

#### Health Visitors.

The number of visits made by the two Health Visitors in the Queensbury and Shelf area is given below:-

	<u>First Visits.</u>	<u>Total Visits.</u>
Expectant Mothers	5(4)	7(8)
Children under 1 year	134(151)	1033(1211)
Children between 1 year and 5 years- -		940(1161).
Other cases (Old people, problem families, etc).	- -	1069(1346).

## MENTAL HEALTH

All Information on this subject is given divisionally at it is neither practicable nor desirable to divide it into County Districts.

### The Divisional Psychiatric Out-Patient Clinic.

The Psychiatric Clinic, which was established in June, 1955, became firmly established in 1956 and reached its peak that year. Included in these cases were a considerable proportion of patients who had advanced mental illness. This was to be expected with a new clinic, but in 1957 cases were sent earlier and it was possible to work more on preventive lines. Already the Consultant Psychiatrist had found that patients with early mental illness preferred attending as a local authority clinic to going to hospital. As the clinic became longer established and with 80 new cases in that year, at the end of 1956 clinic sessions were extending until 10 .p.m. and it was decided to arrange evening sessions alternate weeks so that people who were working would be able to attend the clinic during their off-duty hours. This was very much appreciated by the patients. We should have preferred to have had our usual afternoon sessions with an additional evening one but this was impossible to arrange as the Consultant's time was not available.

I am unable to give a report from the Consultant Psychiatrist as Dr. Crotty left in October and until the end of the year he had not been replaced. Dr. Atkinson, the senior Assistant County Medical Officer attached to this Division, has taken a keen interest in the work of the psychiatric clinic, and with the help and guidance of the Medical Superintendent of Storthes Hall Hospital, the clinic was continued during the intervening period by Dr. Atkinson and the Mental Health Social Worker. New cases were not, however, accepted during this period, and in 1957 there were 65 new cases as compared with 80 the year before. With only one session a week available spread over the whole year, this number of cases is more than sufficient for this clinic, and the cases we are receiving now are earlier. The earlier we can see cases and prevent them developing into frank mental ill-health, the more we can fulfil our duty as a preventive mental health service.

Altogether, 642 attendances were made at 50 sessions, an average of 13 patients being seen at each session.

As a preventive clinic, no direct treatment was carried out. All drugs were ordered by the patients' own doctors and E.C.T. treatment, where necessary, has been carried out at the Huddersfield Royal Infirmary or the Halifax General Hospital. X-ray examinations have been arranged through the Royal Halifax Infirmary. The number of cases admitted to hospital from the clinic was fifteen, all of these being voluntary admissions.

Dr. Atkinson reports as follows:-

Towards the end of 1956 the numbers of patients attending the Psychiatric Clinic had become so great that the sessions frequently lasted from 2 p.m. until 10 p.m. This indicates the size of the problem in this area and the value placed on the Clinic by patients and general practitioners, but the pressure was too great for satisfactory psychotherapy. Many of the patients were working, so to suit their convenience, and in this way fulfil the preventive nature of the Clinic, an evening session was arranged on alternate weeks.



Patients appreciated not having to break time at work or to disclose to their colleagues their reason for doing so. They liked the informal atmosphere of the Clinic also, as opposed to attending hospital.

This new system worked very well until Dr. Crotty left us in October. After then, we had a rather confused period when members of an overworked staff at Storthes Hall, together with myself, an Assistant County Medical Officer, tried to fill the gap.

The knowledge and experience I have gained at the Clinic has greatly increased the interest and value of my work in schools and clinics. I feel that with a little training in this field, Assistant County Medical Officers could help to ease the burden in the Child Guidance Service by recognising early signs of disturbance in children and by treating the mild cases themselves.

#### Mental Health Preventive Service.

The statistics relating to the Divisional Mental Health Preventive Service are as follows:-

No. of After Care cases visited	61
No. of visits involved	73
No. of cases referred to Psychiatric Clinic and still attending	15
No. of Care cases visited	17
No. of visits involved	47
No. of cases for whom training and occupation have been provided	1

#### Psychiatric Clinic.

No. of Sessions	50
New cases attending	
Domiciliary cases	50
After-care cases referred	15
Total No. Attendances	642
Home visits by Social Worker in connection with Psychiatric Clinic	125
Admissions to Hospital (Voluntary).	
No admitted to The Retreat, York.	2
No admitted to Scalebor Park, Burley.	1
No admitted to Storthes Hall Hospital.	10
No admitted to Pinderfields Hospital	1
No of cases having E.C.T. treatment:	
Huddersfield Royal Infirmary (outpatients)	3
Halifax General Hospital (Outpatients).	2

#### Admissions to Hospital.

We know of the following admissions to Hospital:-

persons removed under Section 20 of the Lunacy Act, 1890.	12
Persons removed under Section 21 of the Lunacy Act, 1890.	7
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Sec.1. Mental Treatment Act, 1930.	5

The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Queensbury Urban District during 1957:-

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	6
Persons removed under Section 20, Lunacy Act, 1890.	2
Persons removed under Section 21, Lunacy Act, 1890.	2
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930.	Nil.

### Occupation Centre.

An Occupation Centre was opened on the 1st April, 1957, at Holme House, Lightcliffe, prefabricated premises previously used as a day nursery. It was opened with all the children who had previously been attending at the Group Training Class. The Supervisor and Nursery Assistant from the Group Training Class were transferred to the Centre, and it opened with fourteen children and one adult. After the Easter holidays, on the 29th April, we re-opened with twenty-two on the register and an additional assistant. We were helped by the local Parents' Association in the provision of a piano and a gramophone, and the parents greatly appreciated the transport that was provided. With the opening of this Centre, we were able to accommodate all the children in this Division who require occupation centre training and whose parents were willing for them to be admitted. Three classes were arranged - for the youngest children and children of the lowest grade; for a middle group, and for higher grade children. The progress made in the nine months that the Centre has been open has been extremely satisfactory, and the improvement in the childrens social behaviour has been very gratifying both to their parents and ourselves.

An outing to Belle Vue, Manchester, was undertaken in June. With the help of the Social Worker, the Cleaner and the Meals Assistant, the Supervisor and her staff took them in their usual bus without any untoward incident. In October a meeting of all the parents was held, and in November we had an open day, when articles made in the Centre during the year were displayed and sold. The higher grade children and the intermediate group were able to give a short play, and the lowest grade gave a display of their activities. At the Christmas Party, a Nativity Play was presented.

During the Year, five more children were admitted, one child was admitted to hospital, and one child and one adult left the area, so that at the end of the year, 24 children were on the register. The School Meals Service have provided the children with excellent meals throughout the year, and even during the worst weather conditions the coach has turned up at the appointed times.

As the children settled, a regular curriculum was introduced and the standard of handwork was very high. The year has been one of consolidation followed by remarkable progress. The atmosphere has been a happy one, and the work of the staff has shown rewarding results.

### Mental Deficiency.

Regular visits were made by the Mental Health Social Worker to all defectives in the area who are under supervision. the figures given in this report are for the whole Division; it has not been thought desirable to split them up into different districts. The number of defectives under supervision at the 31st December 1957, was as follows:-



#### Statutory Supervision:

Males under 16 years of age	...	...	13
Females under 16 years of age	...	...	14
Males over 16 years of age	...	...	18
Females over 16 years of age	...	...	16

#### Under Guardianship:

Males over 16 years of age	...	...	-
Females over 16 years of age	...	...	1

#### Voluntary Supervision:

Males over 16 years of age	...	...	4
Females over 16 years of age	...	...	1

It will be seen that 67 defectives (22 male and 18 female adults and 13 male and 14 female children) were under some form of supervision. Eleven defectives (5 males and 6 females), were placed on the Register during the year, and ten were removed (6 males and 4 females). Two males and one female left the district; one male and one female were admitted to institutions, and three males and two females died.

The following are particulars of adults under supervision at the end of the year:-

Twenty-one defectives were in regular, gainful employment (15 males and 6 females), seven males being employed in the textile industry, four as labourers, two as farm labourers, and one as a market gardener, the remaining male working for his father. Of the females, four were employed in the textile industry, and two on laundry and domestic work. Seven female defectives were occupied in household tasks and handwork. One defective (a female), is suffering from crippling defects which prevent her employment, and another eight defectives (6 males and 2 females) do not follow any occupation. One male over sixteen attends an industrial centre, and two females over sixteen attend our occupation centre.

Of the 27 children, two males are in gainful employment, and one male and one female are still at school. Twenty (10 males and 10 females) attend the Occupation Centre. Three defectives (all females) are unable to follow any employment.

#### Ambulance Service.

Particulars of cases transported by ambulance during the period 1st January to 31st December, 1957, are attached hereto. It has been impossible to separate the figures for Queensbury and Shelf as the return is made on a Depot basis, but approximately the figures are one-sixth of those given in the table.

#### Home Help Service.

There were 41 cases in Queensbury and Shelf being provided with a Home Help at the beginning of 1957, and 51 new cases were attending during the year. At the end of the year, 39 cases were still being attended.

Of the 92 cases attended during the year, 50 were provided for the care of old people, 13 were provided during the illness of the housewife, and 29 undertook domestic duties on behalf of maternity cases. In 23 of the maternity cases a Home Help was provided for fourteen days but in

4 others the Home Help had to be continued well into the post-natal period. Home Helps were provided in 2 cases for ante-natal care only.

During 1957, there were 20 women working as Home Helps in Queensbury and Shelf, and altogether they worked 18205 hours. This is equivalent to 8 Home Helps working a 44-hour week. The Divisional establishment is 29, and, working on a population basis, the number of Home Helps for Queensbury and Shelf is in the region of 4.4, so that it was necessary to employ almost twice the establishment of Home Helps. Despite this, it was not always possible to provide the number of Home Help hours we could have used. The recruitment of women for this type of work is particularly difficult in this textile area, where women can easily find alternative employment.

It will be seen that 50 Home Helps were provided for the care of old people, and altogether they spent 16377 hours in this very helpful duty. The shortage of hospital beds has been felt very much during the year, and some old people, who badly needed hospital accommodation, have had to wait for considerable periods. Unfortunately, the position does not improve, and the need for additional hospital beds for the elderly is very much apparent in this area. In a textile area, where women go out to work, it is a real hardship for a woman to care for her aged parents. The position is not helped by the rehousing of young families away from the old people, who often live in the older part of the town. Where there are two separate communities, such as Queensbury and Shelf, and the bus service between them is not always convenient, it may mean that old people, due to the rehousing of their nearest relatives, are left more isolated than they were before, and we are grateful for the careful thought that goes into rehousing. Queensbury Council have done a great deal by the provision of bungalows, one-seventh of the houses built since the War being old people's bungalows, and it is our considered opinion that on every housing estate, provision should be made for the housing of old people, thus preventing such separation. The County Council's Scheme for the provision of a warden for a collection of bungalows should help to ease the position, but there have been cases of real hardship during the year, due to the shortage of hospital beds. The Home Nurse, the Home Help, and friendly neighbours have often helped to avert the tragedy of an old person who is alone and seriously ill.

#### Convalescent Home Treatment.

We had one patient from the Queensbury and Shelf area who applied for admission to a Convalescent Home under the County Council scheme, and the admission of this patient was arranged.

- : -

In conclusion, I have pleasure in recording the cordial relations that existed between this department and the department of the Medical Officer of Health for the Queensbury and Shelf Urban District. We are also grateful to the voluntary helpers at the two infant welfare centres.



WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE.

BRIGHOUSE DEPOT

STATISTICAL RETURN FOR THE PERIOD JANUARY - DECEMBER.1957.

	Jan.	Feb.	Mch.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
PATIENTS													
(a) Out-Patients.	1067	933	1044	1028	1289	1003	1107	1011	849	981	959	870	12141
(b) Admissions.	153	151	159	174	179	147	181	141	174	178	146	181	1964
(c) Discharges.	72	64	66	50	60	64	42	62	57	57	39	57	690
(d) Transfers.	8	8	8	17	18	7	14	14	9	10	15	15	143
(e) Accident Patients.	41	23	41	49	45	38	45	31	32	31	35	32	443
TOTAL:	1341	1179	1318	1318	1591	1259	1389	1259	1121	1257	1194	1155	15381
Stretcher.	197	180	209	234	227	189	228	170	184	193	165	213	2389
Sitting Case.	1144	999	1109	1084	1364	1070	1161	1089	937	1064	1029	942	12992
Emergency Patients.	76	87	100	83	94	77	82	72	90	84	60	76	981
Miles.	9750	7711	9450	8958	10337	8320	8967	8880	8673	9289	8167	7937	106439

## SANITARY CIRCUMSTANCES IN THE AREA.

### WATER SUPPLY.

Samples of drinking water are taken at the reservoir, and are examined by the Public Health Laboratory Service, Bradford. All samples have been good since the reservoir was cleaned out in 1955 with one exception.

The water is soft in character leaving no residue on boiling and is suitable for washing.

I am obliged to Mr. S. Drake, Waterworks Engineer, for the information given below:-

Water is supplied in bulk from Bradford Corporation at six points as follows :-

Mountain, Queensbury.  
Albert Road, Queensbury.  
Stag's Head, Queensbury.  
Soaper Lane, Shelf.  
Cooper Lane, Shelf.  
Halifax Road, Buttershaw, Bradford.

The Mountain supply is pumped into the Mountain reservoir and the other five supplies feed direct into the mains. The reservoir capacity is 1,000,000 gallons. Treatment of the water, filtration and sterilization has taken place prior to the water being received from any of these points. The supply in the area, in all parts, except the section supplied from the reservoir as explained above, has been satisfactory in both quality and quantity. Samples taken for bacteriological examination, with one exception, have been constantly satisfactory.

In the whole of the district there are now only 30 properties without a piped supply of Council Water and of these 30 10 have ~~obtained~~ piped supplies from private sources. In all cases supplies are direct to houses, there being no stand pipes in the district for domestic supplies.

The main extensions have proceeded at the housing estates at Brow Lane, New Park Road, and Greenton Crescent. The consumption figures for 1957 are given below:-

Queensbury	69,801,000	gallons	(Total consumption).
Shelf	35,160,000	"	" "
Combined	104,961,000	"	" "
Queensbury	8,141,000	"	(Trade use).
Shelf	7,605,000	"	" "
Combined	15,746,000	"	" "

An infestation of the Caddis Fly Larva at the reservoir was found, with the result that the mains were also affected, and evidence that in 2 or 3 cases they had been drawn through the house tap.

A temporary sieve was fixed at the outlet until the reservoir could be cleaned out and a permanent filter will then be built up over the reservoir main outlet. There has been no further trouble reported and by the time this report is put into print the reservoir will have been cleaned out and the new permanent filter will have been fitted.



## COUNCIL HOUSING

There has been a gradual slowing up of new building in the area by the Council but 18 three-bedroomed houses at Belle Vue Road, Shelf, have been completed and tenanted this year. It is anticipated that a commencement will be made in 1958 with the erection of 30 mixed family houses at Hungerhill to re-house tenants from the Slum Clearance Area of "Navy Houses".

My Council have decided to stop further building of family houses for the time being when the above 30 are complete and concentrate on the erection of Old Persons Bungalows. Thirty of these bungalows are now in course of erection on the New Park Road site at Queensbury.

The waiting list for houses and flats continues to grow slowly and there are now 160 applicants. The heaviest demand is for old persons bungalows at Queensbury, and there are 97 applicants with a further 48 for old persons bungalows at Shelf.

Rents of Council property have not been raised during the year but it is anticipated that they may be increased at the commencement of the next financial year in April, 1958.

The state of completion of post war houses, flats and bungalows at 31st December, 1957, is given in detail below:-

		<u>Houses</u>	<u>Flats</u>	<u>Bungalows</u>
Queensbury.	Moorclose Site	23		
	Hungerhill	50	68	
	Albert Crescent			16
	Russell Avenue	1		
Shelf	Burned Road	34		
	Westcroft Avenue	8		
	Cockhill	<u>36</u>	24	20
		<u>152</u>	<u>92</u>	<u>36</u>
		<u>Houses</u>	<u>Flats</u>	<u>Bungalows</u>
Dwellings under construction or planned -				
Queensbury	Hungerhill	30		
	New Park Road			30

T A B L E 6

The number of dwellings now owned by the Council is 388. This is made up of 222 houses, 92 flats and 74 bungalows, as shown in the table below:-

<u>Situation</u>	<u>No. of Houses</u>	<u>Net Weekly Rent</u>	<u>Gross Rental</u> (50 weeks' collection).
<u>OLD PEOPLE'S BUNGALOWS</u>			
Albion Street	8	s. d. 4 2	s. d. 8 6
The Grove	10	4 2	8 6
Burnside	20	4 2	8 6
Albert Crescent	16	10 10	15 6
Belle Vue Crescent	20	11 8	16 4
<u>HOUSES</u>			
Russell Hall Lane (Non Parlour Type).	6	11 4	19 1
Russell Avenue (Parlour Type)	6	11 11	19 6
Russell Avenue (Non Parlour Type)	6	13 10	21 8
		9 11	18 -
Russell Road (Parlour Type)	12	11 11	18 7
Russell Road (Non: Parlour Type)	2	11 5	23 2
Westfield Terrace (Parlour Type)	2	11 11	19 4
Westfield Terrace (Non Parlour) (Type).	12	13 9	22 9
		9 11	17 9
Moor Close Lane (Parlour Type)	3	13 4	22 4
Moor Close Lane (Parlour Type)	1	14 3	23 9
Moor Close Avenue (Parlour Type)	5	14 3	23 9
Moor Close Avenue (Parlour Type)	1	12 9	21 9
Moor Close Avenue (Parlour Type)	13	13 4	22 4
Burnley Hill Terrace (Parlour Type).	4	12 5	22 1
Burnley Hill Terrace (Non Parlour Type)	20	9 11	18 -
Belle Vue Road (Two bedrooms)	12	11 4	19 3
Belle Vue Road (three Bedrooms)	6	19 -	26 4
Westcroft Avenue (Dining Recess Type)	8	23 -	32 -
Burned Road (Parlour Type)	4	14 4	24 8
Burned Road (Dining Recess Type)	2	14 6	24 10
Burnside Avenue (Parlour Type)	10	12 9	23 -
		14 4	24 8
Burnside Avenue (Dining Recess Type)	18	14 6	24 10
		12 9	23 -
Ridgeway (Dining Recess Type)	10	19 -	29 6
Hillcrest Road (Dining Recess Type).	22	19 -	29 6
Hillcrest Road (Two Bedrooms)	12	19 -	26 4
Hillcrest Road (Three bedrooms)	6	23 -	32 -
Belle Vue Road (Three bedrooms)	18	30 -	38 8
<u>FLATS</u>			
Hillcrest Road	40	19 -	26 4
Hillcrest Avenue	28	19 -	26 4
Belle Vue Road	16	19 -	26 4
Belle Vue Crescent	8	19 -	26 4



## SEWERS & SEWAGE DISPOSAL.

The sewerage system within the urban district has functioned satisfactorily, there have been no serious blockages.

### SHIBDEN SEWAGE WORKS.

The sewage is treated at the works which consist of detritus tanks, precipitation tanks, percolating filters and humus tanks.

A satisfactory effluent has been maintained.

### WOODFALL WORKS.

These works consist of detritus tanks, precipitation tanks, percolating filters and humus tanks.

As the Council is aware, the capacity of the works to deal with the present day flow is insufficient but a scheme is being prepared for conveying the sewage from this part of Shelf district to the Borough of Brighouse.

### LUMBROOK WORKS.

These works which for some time have been inadequate to deal with the flow of sewage entering them, ceased to operate at the beginning of January 1957. A new trunk sewer has been laid from a point near the works down the valley to connect with the Brighouse sewerage system at Wood Lane, Hipperholme, Brighouse.

REPORT OF PUBLIC HEALTH INSPECTOR

To the Chairman and Members of the Council.

Mr. Chairman Mrs. McCreath and Gentlemen,

I have pleasure in presenting my report on the work of the department for the year 1957. This report is a shorter one than usual because of lack of time to sit and analyse figures, draw conclusions, and write impressions. The two dysentery outbreaks of 1958 have taken up so much of the year, that the time normally spent on the preparation of the Annual Report just is not available.

Two new Acts were put on the statute book, the Rent Act 1957 and the Housing Act 1957. The latter measure was more or less a consolidation of previous legislation, while the former did not involve us to any extent during 1957.

In spite of there being no momentous items to point to in 1957 apart from Asian Influenza we were very busy throughout the year. The old idea, of Nuisance Inspectors "inspecting their district from time to time, and keeping themselves informed of the existence of nuisances" - that is, of the Inspector going out looking for trouble, no longer obtains. We are kept so busy dealing with matters brought to us one way or another, that systematic routine inspections are a thing of the past. Nevertheless I feel that the district is well serviced by us, and if some sticky items survive longer than they should, we get them fixed in the end.

I sincerely thank the Chairman of the Health Committee, the Vice Chairman and members for their continued support and interest, and my brother Officials for their help at all times.

I am Mr. Chairman, Mrs. McCreath, & Gentlemen,

Your obedient servant,

W. E. Shelley.

Public Health Inspector.



## Sanitary Inspection of the District.

434 separate premises were visited or inspected during the year. Many of these were the subject of repeated visits as, for example, the four slaughterhouses, to which over 200 visits were paid, but which still only count as four for the purposes of this paragraph. If we count all our premises, dwellinghouses and non dwelling premises, we arrive at a total of about 3,800. On this basis rather less than 1 in 9 of all premises in this district had a visit from me in the year. I feel that this should be more in the region of 1 in 5 so that, broadly speaking, we could claim that the whole district was covered once in every five years. It is, admittedly, a loose way of figuring yet it serves as a guide.

### General Sanitation.

#### Investigation of Complaints.

These numbered 194, a 16% drop on last year, and covered the usual run of things concerning the health department, blocked drains, water in cellars, various smells, insects, smokey chimneys etc.

Complaints outstanding end of 1956	8
Complaints received in 1957	194
	<u>202</u>
Complaints dealt with in 1957	197
Complaints outstanding end of 1957	5

#### Nuisances.

The number of nuisances found this year was 186. They comprised the following circumstances :-

Choked drains	64
Defective drains	15
Defective gullies	23
Rat infested premises	21
Accumulation of refuse	12
Damp walls and defective roofs	20
Burst water pipes	2
Choked W.C's.	2
Defective eaves gutters and fallpipes	1
Defective soil pipes and W.C's.	4
Verminous premises	3
Insanitary sinks	4
Miscellaneous.	15
	<u>186</u>

233 Inspections were made in dealing with these nuisances. Other blocked drains were reported to us and dealt with, but the above figures represent basically what we found ourselves without notification.

During this year one long standing nuisance has at last been abated - that is the nuisance arising from the inadequate drainage at a commercial laundry in the area. After protracted negotiations agreement was reached on the extension of the Councils sewer system and the laundry was connected to the sewer on 19th August 1957. This made it possible incidentally to convert the unsatisfactory closet accommodation for this factory from a privy midden to a water closet.

It is a matter of regret to me that the sewer extension in Shibden Head Lane, Ambler Thorn, which was budgeted for in this year, has not yet been carried out. Conditions at the bottom of this lane when the weather is warm are very bad, and I hope that next year will see this nuisance abated.

\* \* \* \* \*

### CLOSET ACCOMMODATION.

The increase of the number of modern sanitary conveniences continues, as the table shows :-

Number of privies reconstructed in 1957 as W.C's.	1
Number of closets other than privies reconstructed in 1957 as W.C's.	7
Number of additional W.C's provided in 1957 for old property	28
" " " " provided in 1957 for new property	37

The position at 31st December 1957 was :-

Number of privies with covered middens	28
" " pails closets	105
" " Trough closets	Nil
" " Waste water closets	113
" " pedestal water closets	<u>3641</u>
	<u>3887</u>

The closet conversion scheme offering a grant of £7. 10. 0. per privy or waste closet converted was continued during the year.

During the year 25 fixed baths were installed.

### DRAINAGE.

One new septic tank and filter installation was installed during the year. This means that of 3353 dwellings in the area 3171 are connected to a main sewer, 71 drained to approved septic tank installations, and only 111 have not drainage facilities to allow for the installation of baths W.C's etc.

During the year 40 drains were reconstructed either because of the installation of extra closet or bath accommodation, or because of defects found. 55 drains were tested for defects. A total of 216 visits were made by myself or our workmen to deal with blocked drains, gullies and investigations under Sec 48, of the Public Health Act 1936, (as amended by the West Riding (General Powers) Act 1951).

Single stack plumbing is coming into wider use gradually. I find that a piece of toilet paper wetted and placed over waste and overflow outlets of bath and lavatory basin while the W.C. is flushed gives a good indication of whether the set up is likely to be satisfactory or not.

### HOUSING

#### Housing Act 1936.

The table of housing Statistics give the salient figures for the year, two houses were represented under Sec.11, and two under Sec 12 of the Act. Two houses previously the subject of a closing order were made fit, and the closing order determined.



The housing news of 1957 was our first clearance order. The representation was put to the Council in January 1957 and the Closing Order made and sealed on 10th April, 1957. No enquiry has been held at the end of the year and further news of this must wait until 1958.

The Area comprised 44 houses and represented practically 50% of our first 5 year clearance programme.

#### Certificates of Disrepair.

The new Rent Act came into force in July 1957. Three applications for certificates of disrepair were made before 31st December 1957. Rent Act.

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>
Application for certificates made	4	11	1	3
" " " refused	-	-	-	-
Certificates granted	4	11	1	3
" revoked	-	3	-	-

#### Slum Clearance.

There is little to say under this heading this year at 31st December 1957. Twelve months after the start of our first five year programme we have dealt with 12 of the 84 houses to be dealt with in the first five years, and three from the second five year plan. These figures are misleading as to our progress, as in January 1957, a clearance area was represented for forty of the houses in the first five year programme, which puts a different light on our progress with the Slum clearance entirely.

#### Housing Improvement Grants.

In preparing the estimates for 1956/57 the sum represented by a penny rate was budgeted for the purpose of giving improvement grants. This actually represented a capital of £10,400. It was fully expected that this sum would be needed if the scheme was to operate unrestricted. In fact, in spite of no restrictions other than those of the scheme itself, the opposite has happened. Only 21 applications, to a total cost of £4,035 have been approved during 1957 compared with 25 last year. There just has not been the same demand, and the unspent balance from 1956/7 was sufficient to carry us through 1957/8.

#### HOUSING STATISTICS.

##### YEAR 1957.

Number of dwelling houses in the district	-	3353
Number of back-to-back houses included in above	-	459

#### INSPECTION OF DWELLING HOUSES DURING THE YEAR.

- (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts). 216
- (b) Number of Inspections made for the purpose 285
- (2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations 47
- (b) Number of inspections made for the purpose 103
- (3) Number of dwelling houses needing further action:-
  - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.

2.	<u>REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.</u>	
	(a) Number of defective dwelling houses rendered fit in consequence of informal action by the local Authority or their officers.	85
3.	<u>ACTION UNDER STATUTORY POWERS DURING THE YEAR.</u>	
	A. Proceedings under Sections 9, 10 and 16, Housing Act 1936:-	
	(1) Number of dwelling houses in respect of which formal notices were served requiring repairs.	3
	(2) Number of dwelling houses which were rendered fit after service of formal notices:-	
	(a) By owners	3
	(b) By Local Authority in default of owners	Nil
	B. Proceedings under Public Health Acts.	
	(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	25
	(2) Number of dwelling houses in which defects were remedied after service of formal notices:-	
	(a) By owners	18
	(b) By Local Authority in default of owners	1
	C. Proceedings under Sections 11 and 13 of the Housing Act 1936.	
	(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	4
	(2) Number of dwelling houses in respect of which Demolition Orders were made	2
	(3) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil
	(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act 1953? If so, what?	Nil
	D. Proceedings under Section 12 of the Housing Act 1936.	
	(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
	(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	2



E. Proceedings under Part III of the Housing Act 1936, and the Housing Repairs and Rents Act 1954.

(1) Number of Clearance Areas represented during the year	1
(2) Number of houses included in these areas	44
(3) Number of persons to be displaced	127
(4) Action taken during the year in respect of Clearance Areas:-	
(a) by Clearance Orders, number made	1
(b) by Compulsory Purchase Orders, number made	Nil
(5) Number of houses in Clearance Areas demolished during the year	Nil
(6) Number of persons re-housed from houses demolished during the year	Nil

4. HOUSING ACT. 1936 & PART IV - OVERCROWDING

(a) (1) Number of dwellings overcrowded at the end of the year	5
(2) Number of families dwelling therein	6
(3) Number of persons dwelling therein	27
(b) Number of new cases of overcrowding at the end of the year	2
(c) (1) Number of cases of overcrowding relieved during the year	2
(2) Number of persons concerned in such cases	11

5. NEW HOUSES.

Number of new houses provided during the year:-

By the Local Authority:- Permanent type	18
Temporary type	Nil
By Private Enterprise	19

6. HOUSING ACT 1949.

Section 4 - Any action in connection with advances for purpose of increasing housing accommodation? Advances for purchase of houses new made under this section instead of under S.A.A.A. as formerly.

7. HOUSING ACT, 1949, AS AMENDED BY HOUSING REPAIRS AND RENTS ACT, 1954.

Grants to persons other than local authorities for improvement of housing accommodation. Any action during the year? Grants offered in respect of 21 houses to extent of £4,035 17 completed during the year.

## INSPECTION AND SUPERVISION OF FOOD.

### Meat Inspection.

The four licensed slaughterhouses continued in operation throughout the year, although at one, killing was sporadic rather than regular. As killing takes place on Sunday at three of the four, regular Sunday visits were necessary to ensure inspection, 100% of animals killed are inspected as arrangements are in force for an Inspector from the City of Bradford to visit the slaughterhouses when I am on holiday or at Conference.

### Animals Killed.

The numbers killed and the percentage affected with disease are shown in the table. The weight of meat condemned was :-

Carcase meat	867 lbs.
Offal	<u>1015</u> lbs.
	<u>1882</u> lbs. or approx. $\frac{3}{4}$ tons.

Visits to slaughterhouses to inspect this meat number 264. Rather less beef has been killed this year, and more pigs.

The method of disposal of carcase meat is by sale to approved merchants in the neighbouring districts, with the safeguard of their receipts for the material and a certificate that it known to be condemned as unfit for human consumption. By "approved" merchant is meant a firm who we know to deal with the material in a proper fashion.

The majority of small offals are disposed of into the boiler fires at the slaughterhouses, although where there is any doubt we collect this material and take it to a boiler at one of the mills where it can be efficiently disposed of.

During the year the Council agreed to the Public Health Inspector acting as Certifying Officer at two of the slaughterhouses in the area for the dead weight certification of pigs under the Ministry of Agriculture's guaranteed prices scheme.

The volume in "units" for the purpose of calculating whether we are entitled to any exchequer grant for inspecting meat exported from the district, of the carcasses killed was 8,118. We were therefore, well below the figure above which we would have been eligible for grant, that is, a figure obtained by multiplying the population by 1.5. If this is any guide it is evident that we only kill approximately  $\frac{2}{3}$ rd. of our own requirements and import from other sources about  $\frac{1}{3}$ rd.



1957 - Carcasses and Offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if Known).	289	124	45	515	941	Nil
Number inspected	289	124	45	515	941	Nil
<u>All diseases except Tuberculosis &amp; Cysticerci</u>						
Whole carcasses Condemned	-	-	1	-	-	-
Carcasses of which some part or organ was condemned	6	6	-	1	5	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	2.07%	4.84%	2.22%	0.19%	0.53%	*
<u>Tuberculosis only</u>						
Whole carcasses condemned	1	-	-	-	-	-
Carcasses of which some part or organ was condemned	8	24	-	-	19	-
Percentage of the number inspected affected with tuberculosis.	3.11%	19.3%	-	-	2.01%	*
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	1	1	-	-	-	-
Carcasses submitted to treatment by refrigeration.	4	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Slaughter of Animals Acts 1933 to 1954.

Fourteen licences to slaughter animals were granted during the year. No instance of a breach of the Acts was observed during the year.

Inspection of other Foods.

The following unsound food was condemned and surrendered from the shops :-

45-lbs. 4-ozs. Cooked Tinned Ham and Gammon.

Such food as this is disposed of at the Council's tip where it is buried.

Milk (Special Designation) (Raw Milk) Regulations 1949-1954.

Number of licences in force for sale of Tuberculin Tested Milk:-

<u>Dealers.</u>	<u>Supplementary.</u>
22	5

Milk (Special Designation) (Pasteurized and Sterilized Milk). Regulations 1949 - 1953.

Number of licences in force for sale of:-

	<u>Dealers</u>	<u>Supplementary</u>
Pasteurized Milk	23	2
Sterilized Milk	21	2

There were four dairies on the register at 31st December 1957 and distributors of milk, neither of these terms meaning what they appear to mean, and conveying I know not what to I know not who.

REFUSE COLLECTION AND DISPOSAL.

1957 has been a good steady year for this service. With the arrival of the new Karrier waggon on 1st February 1956, breakdowns were nil and the only overtime worked has been in the weeks following Bank Holidays and during the summer holiday period.

There is no disguising the yearly increase which takes place in costs, the only satisfaction being in that we do, I claim, maintain a first class regular collection service which could hardly be bettered. We could have more frequent collections, we could have a more dustless loading vehicle, but not at our level of costs.

Salvage Sales for year ended 31st December 1957.

	T.	Cwt.	Qrs.	lbs.	£.	s.	d.
Baled Mixed Waste	78	3	1		550	16	4
Container Waste	28	3	1		215	6	8
Baled News	31	12	0		250	17	11
Tins	62	11	2		255	0	0
Scrap Iron	2	8	3		13	12	1
Rags Clean		13	1		13	5	-
Rags Dirty		14	1		8	11	6
Aluminium		1	1	11	9	11	9
Bagging			5	14		116	6
String			2	2		12	0
Carpets		5	0	0	1	0	0
	204	14	1	27	1319	4	9



The account for the financial year 1956/57 showed a net profit of £100 only. This is a drop on what we have been used to in recent years, and reflects the gradual fall in wastepaper prices.

Salvage Sales - Past Figures.

Sales in £	Year	Weight in tons
-	1939	-
112	1940	35
£216	41	74
367	42	97
300	43	76
240	44	32
210	45	29
188	46	24
251	47	30
442	48	67
305	49	48
198	1950	37
11436	51	89
1057	52	101
888	53	119
1329	54	193
1602	55	224
1610	56	226
1319	57	204

FACTORIES ACT 1937.

I give below the statistics as required by the prescribed return under this Act.

There were 47 outworkers on the register at the end of 1957 all engaged on textile mending.

I should explain that sections 1,2,3,4 and 6 of the Factories Act are enforced by the District Council only where no Mechanical Power is used. These Sections cover cleanliness, overcrowding, temperature, ventilation and drainage of floors.

Section 7, which deals with Sanitary Conveniences, is enforced by the District Council in all factories whether power is used or not.

Table

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health including inspections made by Sanitary Inspectors.

Premises	No. on Register.	Inspections.	Number of Written Notices	Occupiers prosecuted
(i) Factories in which Sect.1,2,3, 4 & 6 are to be enforced by Local Authorities.	9	-	-	-
(ii). Factories not included in (i) in which Sect.7 is enforced by the Local Authority.	34	10	-	-
(iii) Other premises in which Sect.7 is enforced by the Local Authority (excluding outworkers premises).	2	1	-	-
TOTAL	45	11	-	-

Classified List of Factories in the Area in 1957.

Blacksmith.	1
Brewery	1
Building Contractors	2
Building Sites	2
Burling & Mending	1
Cabinet Makers	1
Construction Company	1
Fireclay Manufacture	1
Food Preparation	1
Garage & Motor Repairs	2
Gas Supply Undertaking	1
Grocery Warehouse	1
Ice Cream Depot	1
Joiners Shops	6
Lanudry	1
Leather Tanning	2
Malting	1
Pottery Manufacture	1
Portable Building Manufacturers	1
Plumbers Shops	4
Printing Works	1
Salvage Depot	1
Sheet Metal Workshop	1
Textile Manufacture	6
Textile Engineering	3
Wreath Making - seasonal only	1
	<u>45</u>



2. CASES IN WHICH DEFECTS WERE FOUND. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				number of cases in which pro-secutions were instituted.
	Found.	Remedied	Referred		
			To H.M. Inspector.	By H.M. Inspector	
Want of cleanliness (S.I.).	3	3	-	-	-
Overcrowding (S.2).	-	-	-	-	-
Unreasonable temperature (S.3).	-	-	-	-	-
Inadequate ventilation (S.4).	-	-	-	-	-
Ineffective drainage of floors (S.6).	I	I	-	-	-
Sanitary Conveniences (S.7).	-	-	-	-	-
(a) Insufficient	I	I	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	-	-	-	-	-
TOTAL	5	5	-	-	-

Little time has been available for factory inspection this year, I am afraid, as the figures in the table show.

#### Section 34, Factories Act 1937.

This section places on District Councils the responsibility of seeing that suitable means of escape in case of fire are provided in factories. As I am the person responsible for enforcing this section, and as we inevitably ask the County Fire Service for advice on questions as to means of escape in case of fire, I am of the opinion that the Fire Services should be responsible for the enforcement of this Section. As a Sanitary Inspector I was never trained in this field of knowledge, whereas the Fire Protection Officer is; he is in daily contact with this sort of work and can specialise in it. Where human lives may be directly at stake, as in this matter, the control should be in the hands of those best fitted to deal with it. It is an out-moded piece of legislation which places this duty on districts Councils of this size.

#### FOOD HYGIENE

The approximate number of premises where food is sold is 150, made up as follows :-

General grocers and Provision Merchants	34
Greengrocers and fruiterers (including those selling wet fish etc).	19
Meat Shops (Butchers, purveyors of cooked and preserved meats etc)	16
Bakers and/or Confectioners	8
Fried Fish Shops	7
Shops selling mainly sugar confectionery, minerals, ice cream etc.	30
Licensed premises, clubs, canteens, schools, snack bars and similar catering establishments	36
	<u>150</u>

The process of making the initial inspections under the Food Hygiene Regulations is going slowly, and no complete picture is yet available.

#### Disinfestation and Disinfection.

There is nothing spectacular under this heading in 1957. Our normal work carried on, insecticide and disinfectant being given out to the public to combat their minor troubles with the usual instruction of "Let us know if this doesn't cure the trouble".

With regard to verminous persons, we have had no call on our services this year. Presumably cases of Scabies are referred to Hospital Treatment Centres by their doctors and the school clinics deal with school children.

Routine disinfection after the more common infectious diseases, including Scarlet Fever, has been discontinued, but this service is still available on request.



### Other Work

During the year 10 blocked water closets, 58 blocked gullies and 78 blocked drains were cleared. No charge is made for this work as a rule due to the urgency of cleansing public sewers and diagnosing defective drains.

### Dealers in old Metal.

Three persons are registered as such under the Public Health Acts Amendment Act 1907 - Section 86.

### Pet Animals Act 1951.

We have no premises licensed under this Act.

### West Riding County Council

(General Powers) Act. 1951. - Section 120

### Hairdressers.

All the hairdressers' premises in the area are now registered by the Council under the above statute. There are three premises catering for men and eight for ladies.

Bye laws for these premises were made and came into force throughout the area on 1st May 1953.

The standard of cleanliness apparent on routine inspections is good.

### Petrol (Consolidation) Acts 1928-1936.

During the year 15 licences were renewed to store petroleum spirit. These fifteen licensed stores have a maximum capacity of 18,000 gallons. In addition up to 60 gallons are stored at the Queensbury Fire Station in cans, no licence being needed for this.

### Rag Flock and Other Filling Materials Act 1951.

This Act came into force on 1st November 1951. Briefly it forbids the use of certain filling materials for upholstery, stuffing of bedding, toys, baby carriages etc, except on premises registered by the Local Authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale of or use of unclean filling materials and regulations have been made prescribing standards of cleanliness.

There is one licensed manufacturer in the district, one upholsterers premises were registered.

### Rag and Bone Dealers (Section 154 of Public Health Act 1936).

I had no trouble with these during the year.

### Rodent Control.

During the year 31 premises were treated for rats and mice. Visits to these and other premises for inspection and survey numbered 703, excluding visits paid by the Rodent operator in treatments. 8 premises were infested with mice and 23 with rats, 132 baiting points being used, 76 bodies were found.

In the sewer treatments, 200 manholes were baited, with takes of poison at 25.

Charges made for treatment of non-domestic premises totalled £6. 6. 7. "Warfarin" continues to be the method most preferred and certainly lowers the cost of treatments.

No notices were served under the Prevention of Damage by Pests Act 1951.

### Rivers and Streams

I have nothing to add to previous years' comments.

### Shops Act, 1950 - Section 38.

27 visits of inspection were made under this section during 1957. 71 unsatisfactory conditions were found which were remedied without formal action.

### Schools.

There are eight schools in the district, all of which have been visited. None was closed during the year for any reason. The sanitary conditions are continually improving - as an instance of which it should be stated that hot water is now generally available at lavatory basins in the schools. Closet accommodation has been greatly improved by the abolition of trough closets, but there is a long way to go.

In my opinion all school closet accommodation should be within the warmed precincts of the school buildings. I say this because outside accommodation is usually without water for flushing purposes in frosty periods, and special action by caretakers at midday, to carry buckets of water to flush the pedestals, is nowhere near sufficient to keep the pedestal as clean as they should be whilst in use by young children.

A word too about the toilet seat and Sonne Dysentery - two items usually classified together. It is my belief that the relation between these two is over rated. If dysentery were passed from the toilet seat then one would expect girls to be two or three times more likely to pick up the disease than boys, as boys mostly use urinal stalls for their visit to the toilet. I have never seen this ratio brought out in any report on an outbreak associated with a school. In the last outbreak I have knowledge of, as far as could be ascertained, 3 boys were affected at school for every 2 girls, the reverse of what would be expected.

In fact I would be so bold as to suggest that the spread of dysentery in a school often follows the pattern of a droplet infection, and that study of throats and mouths would do more to explain the incidence of dysentery than does the examination of toilet seats.

### Smoke Abatement.

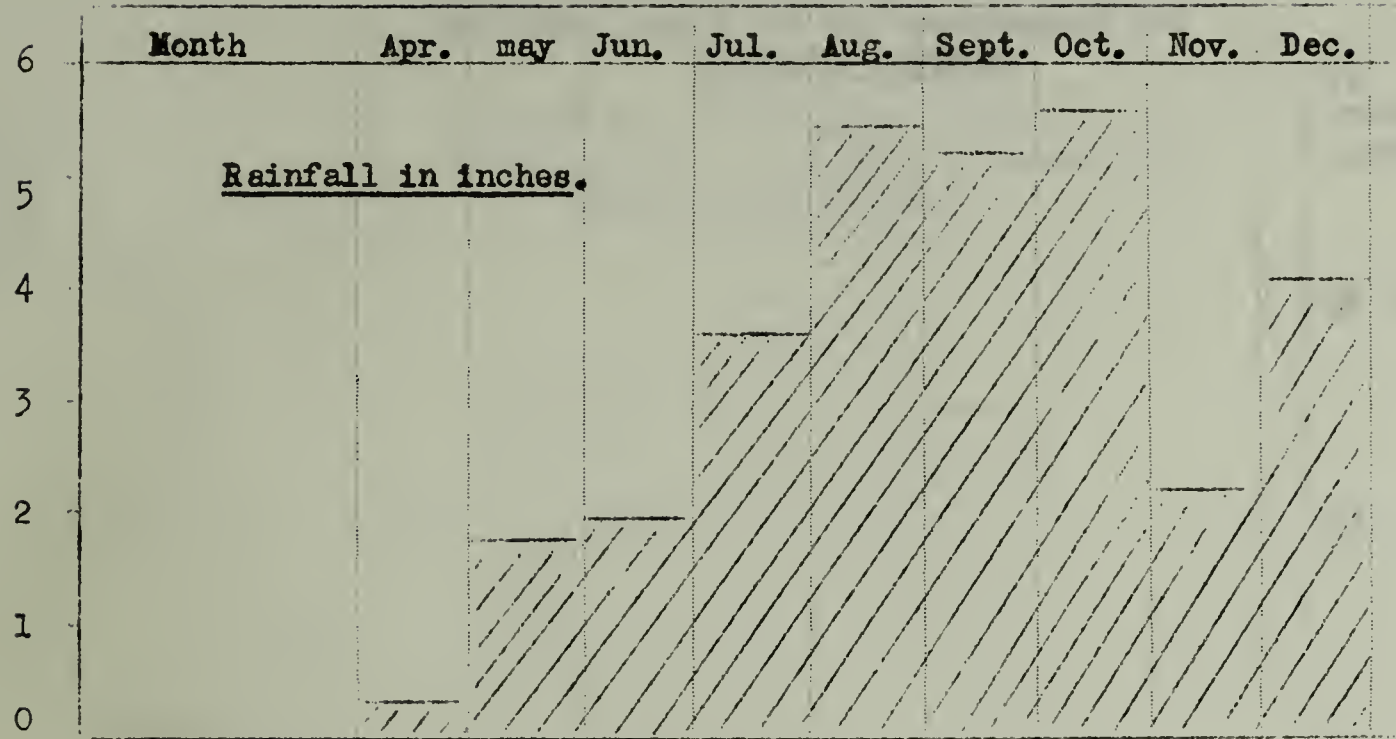
The byelaws relating to the emission of smoke are in force in this area, and during the year 41 observations of 30 minutes each were taken. 2 excessive emissions were observed and 2 cautions issued.

The Council is a member of the National Smoke Abatement Society and takes great interest in the work. We are fortunate in having no colliery spoil banks in the area, and our air pollution is mainly domestic.

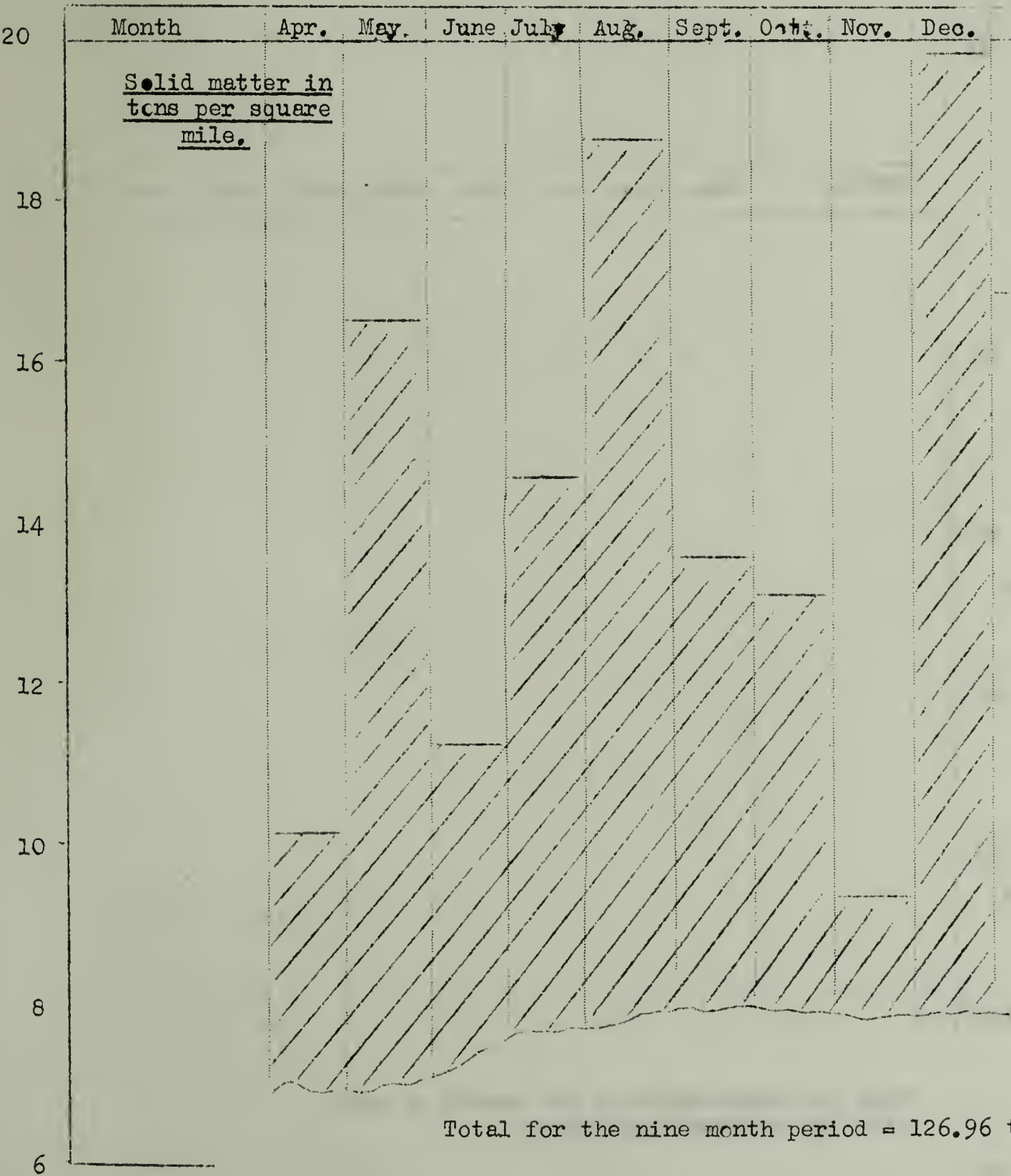
During this year we set up measuring instruments and the results obtained from these are tabulated later. They comprise a Deposit Gauge and a Daily Smoke and Sulphur Di-oxide recorder. Over the next few years we shall build up records which should be of great value in assessing our air pollution problem.



DEPOSITED MATTER 1957.

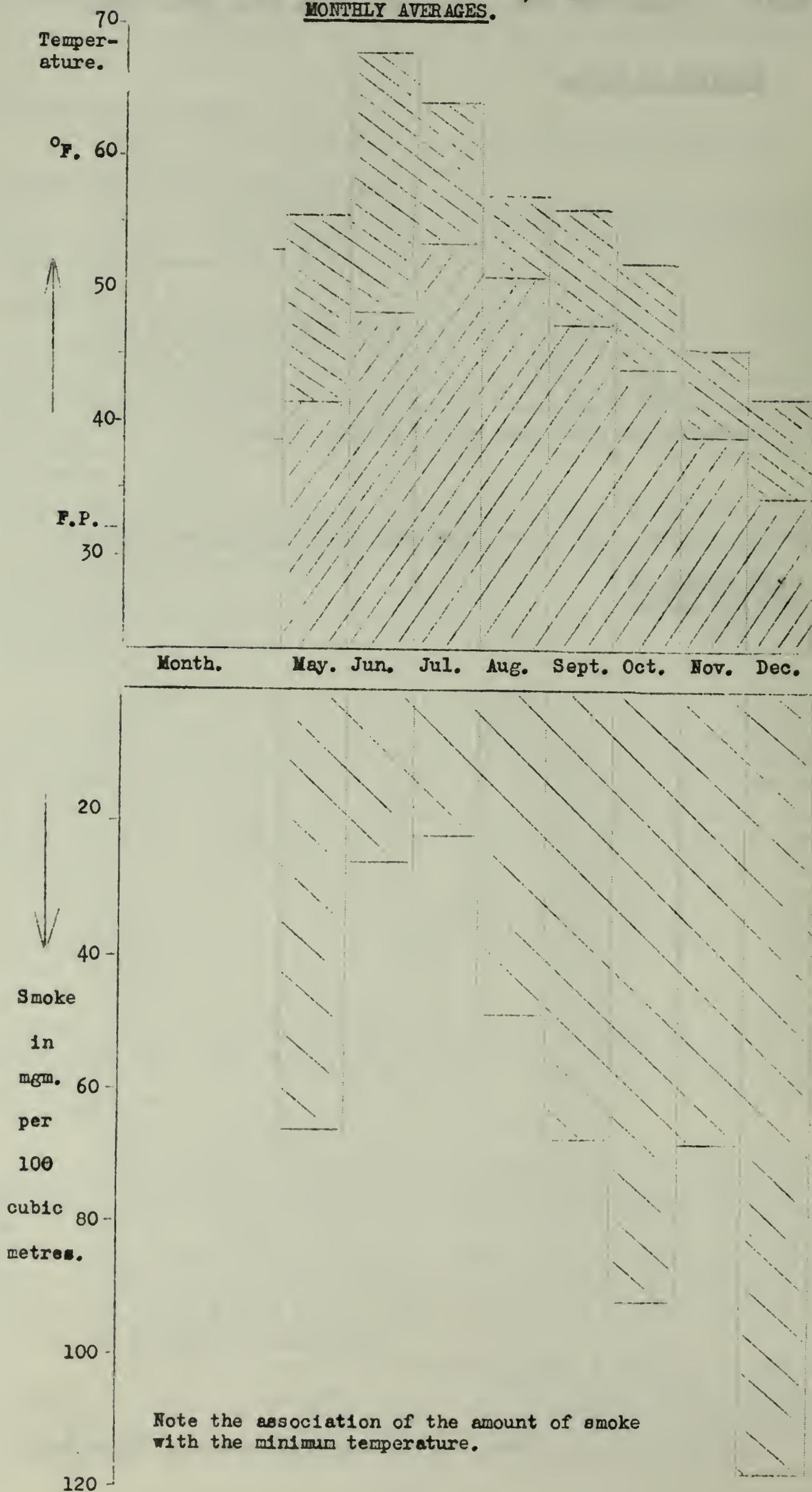


Total for the nine month period = 29.46 inches.



Total for the nine month period = 126.96 tons.

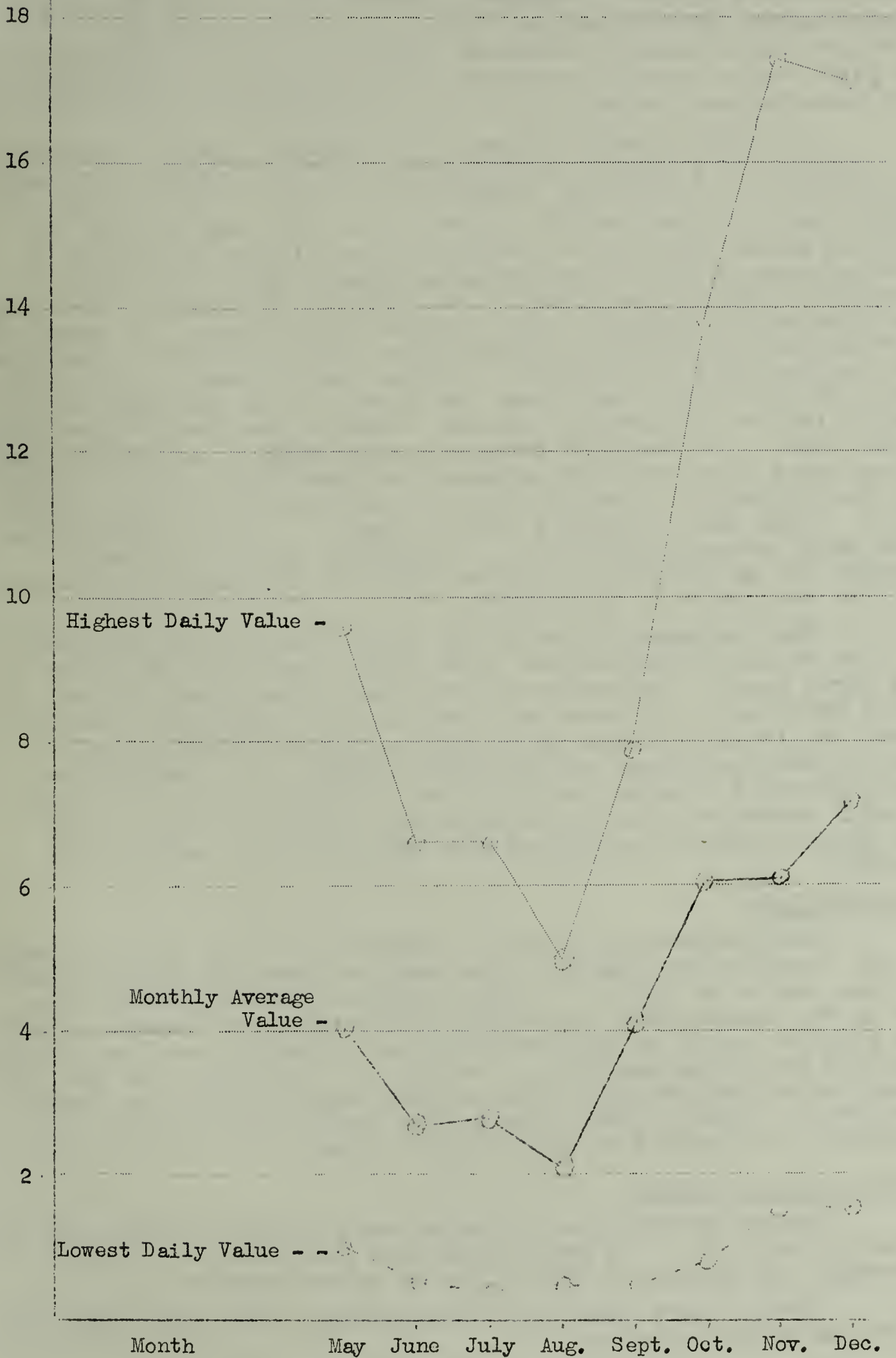
Two Graphs showing the correlation between  
 (a) Temperature and (b) Smoke, based on  
MONTHLY AVERAGES.





Parts  
per  
100  
mill.

Concentration of Sulphur Dioxide in the  
Atmosphere at Queensbury, expressed in  
parts per 100 million.



In June 1957 both Mr. Phillips and I attended the two day course run by the Coal Utilisation Council at Leeds on the whole field of approved solid fuel burning appliances. We both found this course exceptionally good and interesting, and extremely explicit with the demonstration of actual appliances partly built up in brickwork. Some day this course may prove very useful to both of us.

On 14th October 1957 several members of the Health Committee and myself journeyed to Wakefield to hear Sir. Hugh Beaver speak on the Clean Air Act 1956, we were rather disappointed in that his address centred more on Wakefield's proposed smoke control areas than on the Clean Air Act 1956, but nevertheless several points of information were gained.

On 15th January 1957 we held the last one of a series of meetings of a special sub-committee of the Health Committee, appointed to consider the Clean Air Act 1956. As a result of their report to the Health Committee the building byelaws was adopted which requires:-- "the provisions in new buildings of such arrangements for heating or cooking as are calculated to prevent so far as practicable the emission of smoke". The main recommendation, however, that a smoke control area, or areas, be surveyed and arranged for, was thrown out on account of the cost. At the then rate of interest, a smoke control area of such size that its cost would have been one tenth of the estimated cost of making the whole district a Smoke Control Area, would have meant a 3d. rate. If ten such areas had been made in successive years there would have come a time when the total rate burden to make the whole district a Smoke Control Area would have been a 2/6d. rate. This was too high a price to pay. It is hoped however, that when interest rates fall, and with a greater interval between the declaration of areas, that an acceptable proposition will be available to the Council.

The recommendations of the Beaver Report had been kept in mind when considering the size of the area to be declared as the first area. But while it is evident that clean air is being taken more and more seriously by the Country as a whole, there is little evidence that any district will accomplish what we had considered the desirable target, i.e. making the whole district a Smoke Control Area in 10 years or so. I am hopeful therefore, that we shall still return to the subject, and quite probably we may yet keep pace with the rest of the country.

#### Swimming Bath

The premises in which is situated the only swimming bath in the district are Council owned and the bath was again opened for the summer of 1957. It was operated quite satisfactorily during the season and, since the water supply was changed from the private supply to the Council's main supply, previous troubles over the strong colour, due, I believe, to variation in the pH value, have disappeared. The slipper baths at the same premises continue to supply a need locally but need rehabilitation to maintain the standard we would like to see.

#### Tents, Vans and Sheds.

During the year two licences were granted for the use of a moveable dwelling. It would seem that our climate does not encourage the spread of this class of accommodation.

Gipsies have been far more prevalent this year than ever before in my recollection.



## Staff

The following staff are employed by the Health Department on outside work :-

Dustbin Collection	) 4 men and
	) 1 driver for 7 cubic yard Karrier
Ashpit Collection	) 1 man and
Rodent Control	) 1 driver for 2 cubic yard Fordson
Drain clearing and investigation	)
Health Department handyman	)
Salvage sorting and baling	1 man
Refuse tip control	1 man
	<hr/>
	9 men
	<hr/>

SANITARY INSPECTION OF DISTRICT- 1957.

Analysis of visits or inspections	No. of Visits
<u>DWELLINGS</u>	
<u>Houses for matters under Housing Acts.</u>	
1. Rehousing applications	12
2. For overcrowding	8
3. Unfit and incapable of repair	43
4. Unfit but capable of repair	48
5. Cellar dwellings and parts of buildings	-
6. Found fit in all respects	1
7. Houses let in lodgings	-
8. For improvement Grants	71
9. Reinspection	112
<u>Houses for matters under the Public Health Acts.</u>	
10. For drainage	72
11. For water supplies or sample.	2
12. For refuse accommodation	24
13. For closet "	32
14. For verminous conditions	9
15. For filthy conditions	8
16. For infectious disease & F.P. enquiry.	78
17. For miscellaneous defects & complaints	7
18. Moveable dwellings	4
19. Sites for moveable dwellings	-
20. Reinspections	13
<u>Houses for matters under Rents Acts.</u>	
21. For Certificates of Disrepair	4
22. Other Rent Act matters	2
23. Reinspection	2
<u>Houses for matters under Factory Acts.</u>	
24. Out workers premises	32
<u>Houses for matters under P.D. Pests Acts.</u>	
25. For Rodent Infestation, mainly when inspected primarily for some other purpose.	392
<u>Houses for matters under Clean Air Act 1956.</u>	
26.	
27.	
28. <u>Houses visted for miscellaneous reasons</u>	-
<u>TRADE AND BUSINESS PREMISES</u>	
<u>For matters under Factory Acts.</u>	
29. Factories with mechanical power	10
30. " without " "	-
31. Other premises, building, sites &c.	-
32. Means of escape in case of fire.	1
<u>For matters under Public Health Acts.</u>	
33. Workplaces	-
34. Schools	9
35. Offices	-
36. Places of entertainment	6
37. Offensive Trades	1
38. Licences premises	2
<u>For matters under Shops Acts 1950.</u>	
39. Shops	27.



## TRADES AND BUSINESS PREMISES.

Analysis of visits or inspections.		No of Visits.
<u>For matters under Rag Flock Act 1951.</u>		
40.	Licenced manufacturers premises	3
41.	Licenced storage Premises	-
42.	Registered premises	1
43.	Other visits of enquiry.	-
<u>For matters under Clean Air Act 1956.</u>		
44.	Smoke observations	43
45.	Survey of existing furnaces & equipment	4
46.	Plans / sites for new furnaces examined.	2
47.	Furnaces newly provided	-
48.	Other miscellaneous visits.	1
<u>For matters under Prevention of Damage by Pests Act 1949.</u>		
49.	Local Authority premises inspected for rodents	13
50.	Business premises " " " "	126
51.	Agricultural premises " " "	18
<u>For matters under Food &amp; Drugs Acts.</u>		
52.	Licenced premises	25
53.	Ice cream premises	
54.	Prepared meat, sausage &c. premises.	
55.	Fried fish shops	
56.	Bakehouse	1
57.	Butchers	6
58.	Provision merchants	6
59.	Canteens, cafes, kitchens	4
60.	Schools	1
61.	Dairies (Milk & Dairies Regs).	-
62.	Slaughterhouses - as such	7
63.	" for meat inspection	264
64.	To sample or examine other foods for fitness	6
65.	Distributors premises or vehicles	17
66.	Other food premises	4
67.	Visits for enquiry.	4
<u>West Riding (General Powers) Act 1951.</u>		
68.	Hairdressers	13
69.	Hawkers of food and their premises	-
70.	Clearance of demolition sites	-
<u>MISCELLANEOUS.</u>		
<u>Public Health Act matters.</u>		
71.	Visits re refuse collection service	17
72.	" re " disposal, tip &c.	77
73.	" " salvage	22
74.	Pigstyes	1
75.	Poultry and other animals	1
76.	Watercourses, ditches and culverts	6
77.	Public buildings - escape from fire	1
78.	Sanitary conveniences at licenced premises	-
79.	Rag and Bone dealers	-
80.	Gipsies	5
<u>Clean Air Act matters</u>		
81.	Deposit gauges	9
82.	Daily smoke and S.O.2. readings	227
<u>Petroleum Act matters</u>		
83.	Petroleum stores inspected	15
84.	Other licencing visits	3
Food Hygiene Regs. 1955.		

MISCELLANEOUS

Analysis of visits or inspections	Number:
<u>Prevention of Damage by Pests Act 1946.</u>	
85. Sewer treatments carried out	
86. Number of bait laid in manholes	
<u>GENERAL</u>	
87. Miscellaneous inset infestations.	2
88. Site or office interviews &c.	684
89. Journeys to Lab. with samples, swabs, stools, deposit gauges etc.	69
<u>Course attended.</u>	
Coal utilization Council 2-day course on approved appliance.	
<u>Conferences attended</u>	
(1) Public Health Inspector Association 17-20th. Sept. 1957.	1
(2) National Clean Air Society Conference 2 - 4th. October 1957.	1
<u>Other meetings and visits.</u>	
Queensbury & Shelf Trades Guild of Hygiene	8
West Riding Clean Air Council	5
West Riding Rodent Control Workable Ass. Comm:	
Royal Society of Health sessional meeting.	1
Bradford & District Salvage Offices	2
Halifax Corporation and Abbattoir	2
Q & S.U.D.C. - Smoke abatement Sub-Committee	1
Bradford & District Public Health Inspectors Re Rent Act 1957.	1



HEALTH DEPARTMENT

SUMMARY OF

REPAIRS AND IMPROVEMENTS CARRIED OUT - 1957

DWELLINGS

Roofs; valley gutters, flashings	6
Chimney stacks; flues; pots &c.	2
Eaves gutters	13
Fall pipes	9
Walls; brickwork; pointing.	8
Damp proof courses provided	2
Dampness otherwise remedied	15
Wallplaster repaired	13
Ceilings "	13
Floors "	13
Window Frames, cord &c.	9
Ventilation provided.	19
Doors, door frames.	10
Ovens, fire ranges; grates &c.	7
Wash boilers; set pots &c.	-
Sinks replaced	19
Waste pipes	17
Water supply provided	1
Food stores	8
Pavings, yards and passages	3
Repairs to water closets	3
Defective flushing cisterns, burst pipes &c.	1
New water closet provided for existing houses	50
Fixed baths provided " " "	29
New pail closets provided	-
Waste water closets abolished	5
Privy closets "	5
Pail closets "	4
Dustbins provided	119
Ashpits repaired	-
Ashpits abolished	3
Other miscellaneous repairs to houses	2
Verminous houses disinfected	4
Dirty houses cleansed	1
Closets cleansed or lime washed	1
Improvements to caravans or sites	-
Overcrowding abolished	1
Hot water system provided	18

FOOD PREMISES

Walls; ceilings; floors &c repaired.	2
" " " cleansed	-
Ventilation provided or improved	1
Equipment, apparatus, clothes cleansed	-
Washing facilities provided	3
Other improvements.	2

FACTORIES

Rooms cleansed	3
" ventilated	-
Reasonable temperature secured	-
Overcrowding abated	-
Floors drained	-
Insufficient conveniences remedied	1
Defective " "	1
Conveniences made separate for sexes	-
Other offences remedied	1
Absence of abstract of Act noted	-

### SHOPS

Reasonable temperature secured	1
Ventilated	1
Lighting provided	1
Washing facilities provided	11
Meals facilities "	1
Other defects remedied	1

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### OFFENSIVE TRADES

Pyelaw offences remedied	-
Other improvements secured	-

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### CLEAN AIR.

New furnaces provided	1
Furnaces altered or repaired	-
Chimneys extended or improved	-
Firms adopting smokeless fuel	-
Indicating or recording instruments provided	2
Domestic approved appliances installed.	18
" fireplaces taken out of issue	3

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### DRAINAGE

Drains repaired	15
New drains laid	55
Obstructed drains cleared	66
" Gullies	55
" Water closets cleared	10
Public sewers cleared or maintained	5
Water tests	2
Colour tests	59
Investigation under Section 48	53

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Gullies renewed or provided	13
Soil pipes and ventilating pipes	4
Inspection Chambers	5
Cesspools & septic tanks repaired or provided	2
Cesspools & septic tanks emptied.	2
Cesspools abolished	-

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### GENERAL

Houses disinfected	1
Rodents caught, killed or poisoned	1
Premises cleared of rodents	31
" rendered rodent proof	-
Watercourses, culverts &c cleansed	1

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Poultry house improvements	-
Pig styre improvement	-
Offensive accumulations removed	8
Manure stead built or repaired	-
Other nuisances abated	1
Obstructive buildings removed	-

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